THE CANADIAN NURSE IN A NEW UNIFORM

FLORENCE H. M. EMMORY, President, Canadian Nurses Association

With this issue, *The Canadian Nurse* comes to the footlights and bows to its readers in a new uniform: and a blue one at that! Significant as is this new dress, of greater moment is the professional progress reflected in this change. For long enough the profession in Canada has dreamed of the day when, with the appointment of a full-time Editor for the *Journal,* its problems and successes might have a broader interpretation through the pages of its official organ. Recently, the national executive has been priviliged to announce that appointment and, with this issue, conveys to the Editor and Business Manager its warmest felicitations and good wishes.

The past few months have constituted a strenuous time at the national office. With dexterity and dispatch the Executive Secretary negotiated the change of office location, and now that the Editor has come, the staff at headquarters is ready to serve the profession more fully than was possible heretofore. The National Association (and its federated units) has pledged its fullest support of the new project. The publications committee, too, composed of Miss Jean E. Browne, the Editor and Business Manager, and the President of the Canadian Nurses Association, stands ready to act, in an advisory capacity, in matters relative to the magazine.

But this, in itself, is not enough. With the national group, and its publications committee, must be associated every member of the organisation if success is to emerge. For of what avail is the avowed support of groups, if that of the individuals which compose those groups is withheld? How can you assist? Subscribe to the *Journal;* yes, even in these times, which are difficult. Only through generous and general support can the *Journal* serve the profession as it wishes to do. But ever so many subscribers alone will not suffice. Provincial units, through their publication committees, should arrange with individual members, to send on to the Editor, original contributions which are worthy of publication. A professional organ cannot exceed in usefulness the spirit of adventure and of research displayed by its members.

Are you a private duty nurse? Why not send to the Editor an account of a new way of adapting some accepted nursing procedure to home needs: one which is your own and which experience has proven helpful? Or are you in the public health nursing field? What about that new way of planning the day's work, or of interesting a new community group? Did you have unusual success in persuading a grade teacher to help you in some phase of your work? Perhaps you are engaged in hospital nursing, and have done something of an experimental nature along a line which claims your special interest. Why not tell the Editor about it? We are no bigger than the distinctive, creative work we do; in the final analysis, that determines professional growth. Develop, then, that individuality which is yours by attempting to do an original thing in an original way and write the Editor about it. Think it over!

And so we welcome the new Editor, and the *Journal* in a new uniform, and again pledge our heartiest support of the new enterprise.

IN BOTH LANGUAGES

Elsewhere in the *Journal* will be found an official and authoritative account of the Annual Meeting of the Registered Nurses Association of the Province of Quebec, which is worth reading for more reasons than one. Two things emerge quite sharply; first, that thanks to intelligent leadership, professional organization has gone far in this province; and second, that Canada in general, and Quebec in particular, is bi-lingual. The phrase "in both languages" recurs again and again, and gives that distinctive coloring to the report which was plainly apparent at the meetings themselves.

In some respects, this bi-lingualism is a complication, since some in each group must listen, in turn, to a foreign tongue, but for those who have a knowledge of both languages, the interest is greatly heightened. The impact of the contrasting mentalities sheds new light on old problems, and the play of keen French wit and irony heightens the values of British restraint and directness.

Mention was made of the important contribution to the cause of nursing education in Canada which has been brought about by the publication, under the auspices of the Association, of an excellent synopsis in French, of the principal findings and recommendations of the Survey, (Résumé du Rapport de L'Enquete) which gives, with true French clarity and logic, the gist of the larger volume. This Résumé is the joint work of Dr. A. T. Bazin and Dr. J. A. Badouin, and should be read by every French-speaking nurse in Canada. Copies may be obtained from the Registrar of the Quebec Registered Nurses Association at a cost of fifty cents each.

M. Edouard Montpetit, General Secretary of the University of Montreal, in his address on *The Social Point of View in Nursing,* urged that the two nursing groups try to learn from one another, while at the same time preserving their own integrity and identity. Taking the public health nurses' bag as a symbol of a nurse's total equipment, he suggested, with a lightness of touch which defies this clumsy translation, that the nurse's most important possession is that sense of social values without which even nursing itself is mechanical and dull.

One thing is certain: the nurses of the Province of Quebec realize quite clearly that, if they are to get along with one another, and cooperate for the benefit of all, they must somehow speak, and listen, in two languages. Such a compromise makes for mutual tolerance and patience, even when both languages are not understood. When a knowledge of the languages permits, there is a vitalization of thought which may some day make itself felt, throughout the whole national nursing group, with results that cannot fail to be of lasting benefit to the profession in Canada.

THE SOCIALIZATION OF MEDICINE

GRANT FLEMING, M.D., Professor of Public Health, McGill University, Montreal.

If we agree that it is desirable that everyone receive the full advantages of curative and preventive medicine—and this, I think, may be presumed—we are then naturally interested in the means whereby this desirable end may be attained. It was upon this presumption that the subject for this address was selected. The socialization of medical services means bringing to every member of the community all the potentialities of curative and preventive medicine, irrespective of conditions of payment. By medical services we mean all those services contributed by professional workers in the treatment or prevention of disease.

The provision of medical services has developed along individualistic lines. The practitioner of medicine has selected the location where he will practise, and the individual citizen has sought medical service when, and from whom, he desired it. We are fully aware of the fact that medical science has developed repidly during the past century, with the result that, in our day, medicine has much more to offer in the way of treatment and prevention than in the past. Medicine is proud to claim that its practitioners have ever been ready to give gratuitous assistance to those who are in need.

With increased knowledge, there are growing possibilities and, at the same time, added responsibilities. A glance at our mortality tables shows that large numbers continue to suffer and die from diseases which could be prevented. Indeed, our most urgent problem today is to secure a wider and fuller use of the knowledge which we possess.

Research is certainly needed, because our knowledge is little in comparison with our ignorance. But it is well for us to remind ourselves that, unless knowledge is applied, it does not bring results in the cure or prevention of disease. To cure or to prevent disease is not our whole objective. We hope to attain a greater degree of national health by giving an opportunity to each individual to develop fully the mental and physical capacities with which he is born.

Previous to the time of Queen Elizabeth, in England, those who were in need, were dependent upon their relatives, friends, and the religious communities for relief. The Reformation so disorganized the work of the religious communities that the state had to intervene, and the Poor Laws were passed. These laws provided that those who were without the necessities of life should be relieved out of public funds; this relief included medical care. During the reign of Queen Victoria, another step was taken when it was accepted, as a governmental policy, that the care of the public health is a state responsibility. The state assumed responsibility for the protection of its citizens from disease, through organized public health services. Every civilized country accepts the principle that no one should die from the lack of food, shelter or clothing, or suffer from disease which it is possible to prevent on a community basis.

There exists, at the present time, an insistent and persistent demand that some change be made in the provision of curative medical serv-

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(Read at the Annual Meeting of The Association of Registered Nurses of the Province of Quebec, January 31st, 1933.)

ices, in order that such services may be available to all, on some more equitable and satisfactory basis than that prevailing at present. This demand is not made as a criticism of medicine; it is rather the very reverse, because it signifies a desire to share more fully in what medicine has to offer. It grows out of a desire for change in the present system of medical services.

The population falls into three groups: the poor, who receive their care gratuitously; the rich, who secure the best of care because they can afford to pay for it; the remainder, who pay for service and who, for financial reasons, usually secure the medical care they need only when they fear to do without it. Those who oppose change do so on the grounds that the present system is satisfactory and that no one really goes uncared for. They favour the present individualistic system of medical practice, and oppose any interference along the lines of state control, or what they would term state paternalism. To them, organization means the loss of incentive which they consider would do much to destroy medicine as we know it.

At this point, it might be stated that there is only one thing which is certain, and that is that we are not going to stand still; changes will take place. Before discussing what changes are to be effected, I should like to refer to what has already occurred, because, in general, we scarcely realize how far we have already gone in the socialization of medicine. If we begin with the education of the professional workers, and take as an example the medical practitioner, we find that he paid but a small part of the cost of his education. Public and private funds are used to build and maintain medical schools. In other words, the state makes a very definite contribution to the cost of the education of the professional workers. Is it going too far to suggest that the state, in view of this fact, should consider the need for such workers and exercise some reasonable control on the numbers admitted to the professional schools?

Hospitals, in their early days, were used by the poor only. Today, the hospital is used by all. This change has come about because, practically speaking, certain types of care and treatment are almost limited to the hospital. An X-ray equipment cannot be readily moved from place to place, and the operating-room, with its accessory equipment, cannot be duplicated in the patient's home. Undoubtedly too, certain medical and obstetrical cases are best cared for in hospital.

Public and private monies have been used to build hospitals, and out of public funds, grants are made and allowance given for the maintenance of indigent cases. The public has a considerable investment in hospitals that are given to ensure that hospital facilities will be available, presumably for all, when needed. Some Canadian communities have gone a step farther, and we find municipal hospitals owned and operated by the municipality. Again, in other places in Canada, a special hospital tax is levied. The institutional care of those who are mentally ill is, in all provinces except Quebec, provided in mental hospitals that are owned and operated by the provinces. Here we have real state medicine, for the members of the staffs are full-time government employees.

As public health developed, it soon passed from the stage of being interested solely in environmental factors, and, thanks to the fundamental discoveries of Pasteur, it was enabled to attack the problem of the communicable diseases. In order to control communicable diseases, it is necessary to have, at least in the larger centres of population, facilities for the hospitalization of some cases. So it is that we find communicable disease hospitals maintained directly or indirectly by the health departments out of public funds. These hospitals are a community enterprise, provided not so much for the care of the patient as for the protection of the whole community.

It was long held that there was a definite line which could be drawn between preventive and curative medicine. This line has not held; we know that the two cannot be separated. Early diagnosis and treatment are essentially preventive, and in dealing with the venereal diseases, it is our main hope to prevent further spread by rendering cases non-infectious through early treatment. That is why public money has been expended to organize clinics for diagnosis and treatment so that this service might be available to all.

It is generally accepted that the state, through its health organization, should provide for the treatment of mental diseases, communicable diseases, including tuberculosis, and the venereal diseases. Just how completely this is done varies from place to place, but in general it may be said that medical service for these conditions has gone far towards socialization. Recently a good deal of attention has been focused on cancer, and there is a general tendency for governments to undertake the provision of diagnostic clinics, with centres for radium and other treatment.

The field of private practice has been invaded by the Workmen's Compensation Acts. Under these Acts, the injured workman receives medical care, which is paid for out of a fund contributed by employers, according to a schedule of fees which have the force of law. The old right of the physician to arrange his fee privately with his patient is lost in cases coming under the Workmen's Compensation Act.

The Province of Saskatchewan presents an interesting development known as the municipal physician. In that province, a number of rural municipalities have agreed to tax themselves in order to provide the money required to employ a physician to dwell in their area and provide the residents with medical services. The physician becomes an employee of the municipality, and his services are available to all, under certain regulations.

Organized nursing services by graduate nurses, on a visit basis, is available to one-third of the population of Canada through the local branches of the Victorian Order of Nurses. These, along with laboratory services and the provision of free biological products, are sufficient evidence of the trend which is going on towards the provision of medical services on an organized basis. When we consider that practically all of this has developed within the past fifty years, it is evident that the change is being made much more rapidly than is being realized by most of us.

An interesting question and one which is of great importance to all of us in Canada is: Along what lines will medical services tend to become more socialized in this country? A review of what has happened elsewhere should be helpful to us in arriving at an answer to this question. At the present time, there are twenty-five countries with a system of compulsory health insurance. The first in the field was Germany, under Bismarck, and the last to adopt a compulsory system was France, in 1930. The peoples of Europe, the

British Isles, Chile and Japan have accepted compulsory health insurance as a desirable method.

Health insurance is but one of the social insurances which are provided in response to the human demand for security. Social insurance is a product of the industrial age. The industrial worker is dependent for his existence upon a system over which he, indvidually, has no control. In addition, he, with the rest of us, faces certain happenings, such as sickness and old age, which, from an individual standpoint, are inevitable. Social insurance is always a result of low wages. The fundamental purpose in the establishment of health insurance was the relief of poverty. So it was that, in the earlier schemes, cash benefits in lieu of wages lost on account of illness constituted the major benefit. It was only later that a medical benefit was added, the purpose of which was to reduce the expenditure on cash benefits by bringing about a quicker return to work. As time has gone on and conditions have changed, the medical benefit has become the major consideration.

Health insurance varies considerably, in its details, from country to country, but essentially, it implies that the employer, the employee and the state, shall make regular contributions to a fund out of which the employee receives certain benefits when he becomes ill. It is generally agreed that the voluntary schemes are but a step to the compulsory system. This is what has happened in most countries. The Danish system is still described as voluntary, but it has so many features which are detrimental to the uninsured worker, that it is, in practice, compulsory.

In those countries where health insurance laws are operating, there is plenty of criticism of the system. There is a never-ending effort to have the law altered, but in none of these countries is a repeal of the law suggested. The English system was investigated by a Royal Commission, which reported in 1926. In their general conclusions, they stated: "We are convinced that National Health Insurance has now become a permanent feature of the social system of this country, and should be continued on its present compulsory and contributory basis."

Of particular significance is the fact that, in 1930, The British Medical Association not only approved of the principle of health insurance, but, under the title of "Proposals for a General Medical Service for the Nation", advocated the extension of the medical benefits to include the dependents of the insured persons, and to make the medical benefits such as to embrace all forms of medical care.

Necessity is a great spur. It is not to be thought, however, that the socialization of medicine has awaited the spur provided by the depression, although the depression has undoubtedly acted as an additional stimulus to the consideration. But it was in the midst of the late lamented boom that there was formed, in the United States, a representative committee to study The Costs of Medical Care. It may be presumed then that, in the midst of apparent plenty, the costs of medical care appeared to be a problem. The Committee has recently reported. As was to be expected, considering the composition of the Committee, the report was not unanimous. The findings of this Committee are of particular interest to us because they are based on conditions which are quite similar to those we might expect to find in our own country.

In the United States, the expenditure on all forms of medical service is approximately $30.00 per capita per annum. Of each dollar that is spent approximately $0.30

goes to physicians, \$0.23 to hospitals, \$0.12 to dentists, and \$0.05½ to nurses. Public health receives a little over \$0.03. It was found that there is a great variation in the expenditure for medical services according to income, and that the burden of illness in distributed very unevenly. It is this uneven distribution which creates the problem, because the total expenditure is not excessive, nor is the average professional income. In 1929, one-third of all private medical practitioners were found to have a net income of less than twenty-five hundred dollars.

The majority report recommends that an all-inclusive medical service be provided by organized groups of professional workers, centred upon a hospital and called a community medical centre. The system of payment would be through insurance, or taxation, or both. Cash benefits are not recommended, but it is stated that if such are provided, they should be separate and distinct from medical service. This is in recognition of the difficulty which arises concerning certification of inability to work by the physician giving medical care, a problem which cannot be readily overcome, for, subject as it is to abuse, who is more competent to say, or who else should assume responsibility for saying whether or not the patient is fit to work?

The minority report by eight physicians and one layman states that this minority quite approves of "strengthening public health services" and "basic educational improvements" as recommended by the majority. The minority is opposed to the organized system of practice in community medical centres. These members of the Committe base their opposition on the inability to change, with advantage, into "mass production methods" medical services, which are of the nature of a personal service. The minority, while not favouring health insurance, expresses the belief that if it is to be, it should be compulsory. State responsibility is advocated for the care of the indigent sick and injured, and it is recommended that united attempts be made to restore the general practitioner to the central place in medical practice.

Here we have two opposing views, both aiming at the same objective, but one believing that it is to be reached through organized group services, and the other equally confident that it is to be attained through individual service.

In Canada, the problem of providing adequate medical service for all has received considerable attention. Perhaps the most important action taken was the appointment of a Royal Commission on State Health Insurance and Maternity Benefits in British Columbia. This Commission, appointed in 1929, made its final report in January, 1932. I quote from the report:—

"Finally, we would say that our recommendations for the early establishment in British Columbia of a suitable compulsory health insurance plan, including maternity benefits, are the result of the members of our Commission having become thoroughly imbued with the momentous and incalculable beneficial effects which kindred schemes in the Old World are producing in alleviating for the poorer ducing, in alleviating for the poorer classes, the dread incubus of sick-premature mortality and raising the general standard of health among the masses. After entering upon as exhaustive a study of this problem as has been possible in the limited time at our disposal, we finish our labours and emerge from our inquiry with the following conclusions definitely established from the evidence: Without health, and the means of preserving it, the usefulness of human life is seriously impaired, and, apart from the unhappiness morbidity inflicts upon the individual, an indirect, but nevertheless trenchant, economical loss is imposed upon the community the moment earning power is injured. With the development, side by side with curative measures, of a sickness preventive service, an ideal system will be set up for the effectual handling of what may be properly described as the greatest benefit to mankind—the maintenance of good health. In this direction also lies the solution, in a very large measure, of the problem surrounding the present and constantly increasing unsatisfactory condition of hospital finance, which, to say the least, is an appalling spectacle in an institution so vital to the health and well-being of the public."

This report has been widely circulated and has had a considerable influence on Canadian thought along this line.

According to newspaper accounts, the Province of Quebec Social Insurance Commission has recommended compulsory health insurance after a five-year period of development along a voluntary basis.

The question is an important one for each of us. There is nothing incompatible between the desires of the public and those of the professions. The public desires medical services from qualified professional workers, who must be adequately remunerated and work under satisfactory conditions, as otherwise, the professions will not attract desirable personnel. The professions wish to give medical services to the public, for which they expect to receive reasonable remuneration, working under satisfactory conditions. The problem is how best to bring this about. The question of costs is important because of the unequal distribution of illness. A solution will be found, and, during the period while it is being sought, we should endeavour to see the whole situation and listen to the views of those who are interested.

One thing does seem certain, because apparently all agree upon its being essential. It is that, under any plan, nursing care would be provided. It is for this reason in particular that I have addressed you on this subject, with the hope that you, as part of the organized nursing profession, will seriously consider and study the situation, because it will likely influence, in large measure, the future developments of nursing education, and the practice of nursing. We should be ready to guide with advice based upon an understanding of the situation, and ready to participate in whatever may be the final solution.

A BIRTHDAY

This is the twenty-eighth birthday of *The Canadian Nurse*. The first number of this *Journal* appeared in March, 1905, in the city of Toronto. Its Editor was Dr. Helen MacMurchy, the Associate Editors were Miss Robinson and Miss Hodgson and its Business Manager was Miss Minnie E. Christie. The frontispiece was an excellent likeness of Miss Mary Agnes Snively, who was responsible for the leading article. The first editorial was so clear, brief and interesting as to warrant reproduction in full.

Dr. HELEN MacMURCHY

"*The Canadian Nurse* will be devoted to the interests of the nursing profession in Canada. It is the hope of its founders that this magazine may aid in uniting and uplifting the profession, and in keeping alive that *esprit de corps* and desire to grow better and wiser, in work and in life, which should always remain to us as a daily ideal. For the protection of the public, and for the improvement of the profession, *The Canadian Nurse* will advocate legislation to enable properly qualified nurses to be registered by law. The policy of the magazine will be directed by the Committee on Publication and the business department will be conducted on business principles."

A study of subsequent issues shows how faithfully these guiding principles were carried out. It is not, however, the purpose of this article to deal with the history of the *Journal,* but rather to tell something about the women who, through the years, have shared in its upbuilding. Its first Editor, Dr. Helen MacMurchy, might have been predicted from her ancestry. Canadian by birth, the child of Scottish parents, her father, Archibald MacMurchy, was for 42 years first mathematical master at Jarvis Street Collegiate Institute, Toronto. Later, he was Rector of the same school and also Editor of *The Canada Educational Monthly.*

In 1900, Helen MacMurchy received the degree of M.B. with first-class honours from Toronto University. This was followed by further academic achievements and by graduate study in several countries. Dr. MacMurchy has always been attracted to public welfare work and, quite early, displayed marked interest in those aspects directly associated with mental hygiene. Her book, "The Almosts", deals with the problem of mental deficiency, and in 1913 she served as Inspector for the Government of Ontario in connection with the care of the feeble-minded. Another, and even a greater interest, has been her life-long pre-occupation with maternal and child welfare. Since 1920, Dr. MacMurchy has rendered sterling service to the people of Canada as Chief of the Division of Child Welfare, Dominion Ministry of Health, Ottawa — a responsible position which she still holds. The *Canadian Mothers' Book* and the series of pamphlets known affectionately as *The Little Blue Books* have become classics of their kind.

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* See The Canadian Nurse, February, 1933, p. 79.

One might readily ask how, during such a crowded and useful life, Dr. MacMurchy managed to find time to edit *The Canadian Nurse.* This special activity is not even mentioned in the official list of her achievements. Yet, from 1905 to 1911, while engaged in active medical practice, she gave most generously of her time and effort toward the development of the new venture in professional journalism. On her visits to different parts of the country, she addressed meetings of nurses and kindled in them an enthusiasm which later found expression in a national consciousness of professional solidarity. The writer speaks from personal knowledge. Many years ago, she was unwillingly dragged in to a meeting of the Alumnae Association of the Winnipeg General Hospital to find, much to her surprise, that nursing had wider implications than she had dreamed. There was a magnetism about the first Editor of *The Canadian Nurse* which touched the imagination of that young nurse and of many others like her.

The cultured and scholarly mind of Dr. MacMurchy made itself felt in those early issues of the *Journal.* She constantly afforded glimpses of a world of ideas not confined to narrow professional interests. Her conception of nursing was, and still is, both broad and sympathetic. *The Canadian Nurse* will do well to cherish the honorable tradition created by its first Editor.

In January, 1911, Miss Bella Crosby, a graduate of the School of Nursing of the Toronto General Hospital, succeeded Dr. MacMurchy and became the first nurse Editor of the *Journal.* She had previously given valuable service as Assistant Editor, and was therefore in a position to carry on effectively. Miss Minnie Christie was associated with her as Business Manager, and it is only necessary to study the bound volumes of the *Journal* from 1911 to 1916 to realise what a fine contribution was made by these two devoted women.

It has not been possible to persuade Miss Crosby to share in the preparation of this article, although both she and Miss Christie have wished the new Editor every success. Miss Crosby's editorials repeatedly stressed the need of adequate legislation governing nurse practice and education, and the writer remembers how helpful those pronouncements were, when the legislatures of the various provinces were being approached in this connection. It sometimes happens that services rendered are neither appraised at their true value, nor reward as fully as they should be, but the Editor is sure that she speaks for Canadian nurses generally, in expressing cordial appreciation of the accomplishment of Miss Crosby during her editorial term.

In 1916, Miss Helen Randal succeeded Miss Crosby as Editor and Business Manager of the *Journal.* A rich professional experience, combined with a natural gift for expression, both as a writer and a speaker, rendered it possible for

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Miss Randal to make a significant contribution to the development of *The Canadian Nurse*. A graduate of the Royal Victoria Hospital, Montreal, Miss Randal served for a time as a staff nurse in that institution and later, for more than two years, practiced as a private duty nurse. No doubt it was the latter experience which gave her that keen insight into the problems of private duty which has been one of her greatest assets in dealing with nursing affairs.

Possessed of marked executive and teaching ability, Miss Randal naturally gravitated toward an administrative career. She was successively appointed Superintendent of the City Hospital, Rutland, Vermont; Superintendent of Nurses at St. Luke's Hospital, San Francisco, California; and, from 1912 to 1916, was Superintendent of Nurses at the Vancouver General Hospital.

In 1918, Miss Randal was appointed Registrar of the Graduate Nurses Association of British Columbia—a position which she still holds. In this capacity, she has rendered conspicuous service, not only to the nursing profession, but to the hospitals and to the public of the province. She has consistently striven to advance educational standards and has exercised a salutary influence over such hospital authorities as are sometimes inclined to disregard the welfare of their schools of nursing. With untiring energy, she has visited hospitals in all parts of the province, and is looked upon as a sympathetic consultant as well as a competent inspector.

At all stages of her career, Miss Randal has actively participated in the activities of professional organizations. She served as president of the Canadian Society of Superintendents of Training Schools before that group was merged with the Canadian Nurses Association, and later was elected president of the Graduate Nurses Association of British Columbia.

Miss Randal assumed her editorial duties at an exceptionally difficult period. A large proportion of Canadian nurses were overseas on military duty. The demands of wartime were paramount and supplies of all kinds were at a premium. The difficulties of those years are well reflected in the Editor's report given at the Sixth Annual Convention of the Canadian National Association of Trained Nurses, in Montreal, in June, 1917. The President (Mrs. R. Bryce Brown), before calling upon the Editor for her report, spoke of her work as follows: "I do not know whether you realise that in taking over *The Canadian Nurse,* we did so with only one person to do the work; she was our Editor and Business Manager, secretary, stenographer, typewriter and everything else, and she has done this faithfully during the entire year."

Miss HELEN RANDAL

In the Editor's report, Miss Randal quite cheerfully describes her working conditions: "We have no office equipment, not even filing cases, and have been using a typewriter which was loaned me by a friend who assured me that it was one of the earliest types in existence. However, it has been a friend in need. A stenographer I have had to have, for some extra work that I simply could not do myself—work that is not so much the Editor's work, but business and clerical work which takes up one person's entire time and attention. I have been kept busy doing nothing else." Miss Randal still speaks appreciatively of the assistance given her by the publishing firm of Evans & Hastings, Vancouver, who printed the *Journal* with no understanding, other than a gentleman's agreement, that payment would be forthcoming, and who guided her through the intricacies of proofreading.

The editorials written by Miss Randal were characteristic of her quality of mind: clear and trenchant, and shot through with her unfailing humour and quick sense of the ridiculous. An incisive debater, and a strong disciplinarian, there was never any manner of doubt as to what the Editor thought on any subject. In 1924, Miss Randal tendered her resignation as Editor, and the direction of the *Journal* was transferred to the National Office in Winnipeg. It is to be hoped that her alert critical faculty and her wide experience of the nursing field will continue to make themselves felt during the new phase upon which the *Journal* is now entering.

Reference has already been made to the fine record of Miss Jean S. Wilson in the dual capacity of Executive Secretary and Editor of the *Journal*. Miss Wilson is a native of Ontario, and received her early education at Shawville Academy, in the province of Quebec. She is a graduate of the Lady Stanley Institute for Trained Nurses, which is associated with the County of Carleton General Protestant Hospital. By way of graduate study, she completed the course in administration in the School for Graduate Nurses of McGill University.

Miss Wilson has held several executive positions with conspicuous success, having served as Assistant Superintendent in the Vernon Jubilee Hospital and in the Moose Jaw General Hospital. She was appointed Superintendent of the latter institution in 1915, a position which she held until 1920. During this period, she acted as Secretary-Treasurer and Registrar of the Saskatchewan Registered Nurses Association, an experience which was a valuable preparation for her later work in connection with the National Association.

Miss JEAN S. WILSON

Since 1921, Miss Wilson has served the Canadian Nurses Association successively as Treasurer and as Executive Secretary-Treasurer. The latter position she still holds, and the Association is fortunate in having at its command the services of a nurse who has such wide knowledge of conditions in all parts of Canada, and so clear a conception of provincial and federal inter-relationships with respect to nursing.

Upon the threshold of a new chapter in the history of the *Journal,* it is but fitting that this tribute should be made to these five women, all of whom have given generously of themselves in an unselfish effort to create a Nursing Journal worthy of the Canadian Nurses Association which sponsors it.

A CORRECTION

Miss Lillian Phillips has requested the Editor to publish this supplementary note concerning an article entitled Three Notable Nursing Careers which appeared in the February issue of *The Canadian Nurse.* In 1895, a number of Montreal nurses organized, under the direction of Miss Mary Rodgers, a professional nurses group known as the Canadian Nurses Association. Miss Rodgers was its first President, and was succeeded in that office by Miss Annie Coloquhon, Miss Helen Des Brisay, and the late Miss E. Baikie. In 1905, Miss Phillips was appointed Secretary, a post which she held until, in 1909, she became President. During her tenure of office, which lasted until 1927, the name of the Association was changed, by Letters Patent, issued in November, 1924, to The Montreal Graduate Nurses Association.

MANITOBA SHOWS THE WAY

The Annual Meeting of the Manitoba Association of Registered Nurses.

ELSIE J. WILSON, Reg. N.

The Annual Meeting of the Manitoba Association of Registered Nurses was held in Winnipeg on Friday, January 20th. The President of the Association, Miss Jean Houston, Reg. N., Superintendent of Nurses in the Manitoba Sanatorium, occupied the chair and, in her presidential address, spoke of the difficulties encountered by all nurses during the past year, especially by newly graduated nurses who find no outlet for their energies and ambitions because there is no work for them to do. During the year the M.A.R.N. contributed $3,000 to provide employment for members of the Association, but the beginning of another year finds the problem of unemployment still unsolved. How to get sick people needing nursing care and nurses needing work together, is the pressing problem of today. Economic forces outside our control may eventually force changes on hospitals, nursing and medical professions. When they come, nurses should be ready to provide wise and intelligent guidance. In the changes to be made, care must be taken not to lightly cast aside precious possessions which have come to us from the early ideals of our profession. Miss Houston pointed out that we cannot leave these problems to be solved by the leaders of the profession alone but each must bear her share. While times are hard and dark they constitute a challenge to which the best in each of us should respond, and together, we should be able to provide some solution for the problems confronting us today.

Miss K. W. Ellis, Superintendent of Nurses, Winnipeg General Hospital, gave a most interesting and thought-provoking talk on the Survey. She pointed out that the Joint Study Committee, which consists of members of the nursing and medical professions and also of various representatives of organizations among the laity, feels that the real work of studying the Survey must be done by the nurses themselves. She reminded the Association that, not only has the sum of $28,000 been invested in the project, but that we have, courageously or foolishly, exposed all the faults and weaknesses of our profession. We therefore cannot afford to stop now, but must go ahead and offer some constructive measures to correct the faults and weaknesses which we are publishing from the housestops. The following series of questions, which are to be studied by each of the three sections, and their conclusions to be given at the next quarterly meeting of the M.A.R.N., were submitted to the Association:

1. The public requires nurses and the nurses require work. Is there a common solution to this dual problem?

2. It is being claimed at present that there are too many nurses and too much variation in the qualifications of nurses, and that the cost of nursing service is greater than many people can afford. It will be necessary to have sound arguments refuting these charges before an appeal can be made to the press or the public. How will the nurses deal with these arguments?

3. Since government health services are not likely to absorb more nurses, and hospitals are limited by the present conditions influencing bed occupancy, what efforts can be made to introduce a larger

number of nurses into the home?

4. What arguments can be brought forward in favour of: (a) Raising entrance qualifications in Schools of Nursing. (b) Raising qualifying standards of graduation.

5. What views does the Association hold regarding the creation of different grades of nurses? What protective methods would they suggest to keep them distinct?

6. What other suggestions has the Manitoba Association of Registered Nurses for the re-organization of nursing service? As the social and economic conditions of 1932 may pass very slowly, it is advisable that opinion should be based on present day conditions, rather than on those in existence at the time of the Weir Report.

The three sections of the Association reported upon their respective activities. The Nursing Education Section has studied the question of the interchange of nurses between hospitals within the province for post-graduate study. A special committee brought in a report which was adopted by the meeting and a committee was appointed to take definite action concerning its recommendations which were as follows:

1. That the plan be developed as an interchange rather than an exchange of nurses.

2. That a representative committee of three be appointed by the Manitoba Association of Registered Nurses, to deal with individual applications (preferably not those acting in the capacity of Superintendent of Nurses), endorsation by the President being required in each case.

3. That the course shall cover a period of not less than three months.

4. That a nominal salary of $10 a month, plus transportation expenses, be paid from the funds of the Manitoba Association of Registered Nurses to nurses participating in the scheme, it being understood that the hospital in which the nurse is on duty will provide board, maintenance and a limited amount of laundry. It is recommended that payments be made by the Registrar on a monthly basis, and that the cost of transportation to the destination be advanced when the Registrar receives notification from the hospital concerned, to the effect that arrangements have been made with the applicant, to report for duty during the succeeding week.

5. That monetary assistance be given only to those who can establish convincing evidence of needing such help in order to take post-graduate work.

6. In order to give the opportunity to those who merit this consideration and, therefore, are most likely to benefit by it, it is urged that, as recommended in Dr. Weir's report, the applicant's previous record, and a confidential report from the Superintendent of Nurses in the School from which the applicant graduated, be regarded as an important factor in influencing the selection of the candidate.

7. That hospitals be asked, upon satisfactory completion of the course, to furnish the nurse with a statement of the special work that she has covered, and that the committee be furnished with a copy of this.

8. That in the event of the course being voluntarily discontinued by the candidate, or through dissatisfaction occasioned by the work or conduct, it should be understood that the Manitoba Association of Registered Nurses will be relieved of all further financial responsibility.

9. That in the event of illness of a serious or prolonged nature, that the course will be automatically discontinued for the candidate

concerned and that further responsibility for the care of the nurse will become a matter of personal arrangement.

10. The committee recommends that in the event of a satisfactory scheme being evolved and approved by the Board of Directors that the sum of $600.00 be granted by the Association to support the undertaking. It is estimated that this should provide employment for at least three months for approximately 18 nurses and should also prove to be a definite contribution to the field of nursing education.

The personnel of the special committee which brought in these interesting and practical recommendations included Miss M. Allan of the Children's Hospital of Winnipeg, Miss Thompson of the Mise-McLearn, and Miss K. W. Ellis, who acted as Convener.

The Public Health Section arranged several lectures and demonstrations by nurses and doctors which were well attended. Miss E. Russell gave a report on some of the relief work done by the Provincial Public Health Nursing Service, in rural Manitoba. This included the procuring of warm clothing for some five hundred children. The Association had already given $50 for this purpose and another $50 was voted at this meeting.

The Private Duty Section reported a very difficult year and are still seeking for some solution to their problems. An effort will be made, during the coming year, to give the subject of hourly nursing more publicity. Private duty nurses are not willing, as yet, officially to reduce fees although they are doing so unofficially. They feel that other avenues for relieving unemployment have not been fully investigated and brought in a resolution: "That fees remain as they are and that the Private Duty Section try to suggest some other means of relieving unemployment." After consideration this recommendation was approved by the Association and will be further studied by the Private Duty Section.

Reports were read from representatives of the various affiliated organizations and from committees of the Association, and a speaker representing the Zenana Mission in India read a letter from the native nurse just graduated under the auspices of the M.A.R.N. The sum of $75 was voted to provide for another student to take her place, this being the eighth nurse whose training has been provided for by the Association.

At the annual dinner meeting, Miss E. Cora Hind, a member of the Editorial Staff of the Winnipeg Free Press, gave a most interesting address on her recent journey to England via Hudson Bay. This trip was the culmination of a dream of many years: to set sail from Churchill over the sea lanes to England traversed by intrepid mariners of old in their small sailing ships. She spoke first of the many difficulties which she had had to surmount in order to get a passage booked on any boat sailing from this Northern port, and then described the passage day by day. Miss Hind has every faith in the future of Manitoba's seaport, and in this Northern sea route, and inspired in her Manitoban hearers a like faith and enthusiasm for our own seaport.

Miss Ellis, in moving a vote of thanks to the speaker, said that her address had a particular message for us at this time. If we want a thing, we must have the courage to go after it, and if it is worth having, we must be ready to surmount the difficulties which stand in our way.

FIRST STEPS IN CURRICULUM CONSTRUCTION

THE NATURE OF THE TASK

MARION LINDEBURGH, Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.

The Standing Committee on Curriculum is able to present this Progress Report as a result of meetings held since the report presented in the January issue of The Canadian Nurse. The preparation of a curriculum for schools of nursing in Canada, is a national enterprise. It cannot be confined to, or be the responsibility of, a few members composing a committee, but is an activity to which all branches of nursing service must contribute. It cannot be emphasized too strongly, that the graduate fields of nursing service, can contribute most valuable information as to what should be the necessary personal and professional equipment of the graduate nurse, who is to successfully meet community needs in her particular branch of service. The traditional idea, that a curriculum can be constructed by a few so-called experts, who meet together in round-table conference, and decide on the total content of an educational programme, is no longer accepted. In the light of modern and more scientific practice, which has developed within the field of curriculum construction and research, the following stages or steps are generally recognised:

1. Securing from the professional field, from individuals, and various groups, a wide range of information for guidance in determining what should be the content of a curriculum.

2. Assembling, and evaluating all information received, and then selecting that which relates most directly to the kind of curriculum which seems to be needed.

3. Setting up definite instructional units; that is, the arrangement of curriculum content, from the point of view of sequence and continuity of experience, in order to secure the most effective learning. In a curriculum for schools of nursing this would mean the organization of classroom subjects, and of clinical assignments, to insure efficient correlation of nursing theory and practice, thus making all selected experiences as valuable to the student as possible.

4. Evaluating and selecting such methods of learning and teaching as will be effective and applicable in nursing education, such as case assignments, case studies, nursing clinics, and conferences. These should receive full consideration, because of their particular value in making the clinical experiences of the students more truly educational in character.

The Curriculum Committee has adopted this general order of procedure, and in accordance with this plan, each Province has been asked to organize a sub-committee to accomplish this first stage of curriculum construction, namely, an analysis of nursing service. This outline of the major considerations in curriculum building indicates that the work of the Central Curriculum Committee, and of the provincial sub-committees, if it is to be of any real worth or value, demands much time, thought, and personal effort.

As indicated in the initial report of the Central Curriculum Committee, this first stage, that of an analysis of the fields of nursing service, is to be carried out on a simple, rather than on an elaborate basis, and is to be as purposeful and effective as is possible within its limitations. Fortunately much valuable material is already available in the Report of the Survey of Nursing Education in Canada which can be readily utilised in the building of a curriculum.

The Personnel of the Central Curriculum Committee

The personnel of the Central Curriculum Committee has been enlarged to provide for representation from all graduate fields of nursing service, from the field of professional education; and from the medical profession. Its active membership is composed of the groups, classified hereunder. Its convener is Marion Lindeburgh, and its secretary, E. Frances Upton.

Representing Nursing Education and Service in Schools of Nursing:

Jean Gunn, Superintendent of Nurses, Toronto General Hospital, Toronto.

Constance Brewster, Assistant Superintendent of Nurses, Hamilton General Hospital, Hamilton.

Ethel Sharpe, formerly Instructor of Nurses, Royal Victoria Hospital, Montreal.

Sister Allard, Directress of Nurses, Hotel Dieu, Montreal.

Representing Public Health Nursing Education and Service:

Isabel M. Prince, School for Graduate Nurses, McGill University, Montreal.

Margaret L. Moag, District Superintendent, Victorian Order of Nurses, Montreal.

Representing Private Duty Nursing Education and Service:

Isabel MacIntosh, Hamilton.

Representing The Canadian Nurse:

Ethel Johns, Editor and Business Manager.

Representing the Medical Profession:

The Canadian Medical Association has been approached, asking for its co-operation, and requesting that two physicians be appointed to the Central Curriculum Committee, one to represent the field of general medical practice, and the other, the field of public health and preventive medicine.

In an Advisory Capacity—from the field of General Professional Educational and of Nursing Education:

Dr. G. M. Weir, Professor of Education, University of British Columbia, and Director of the Survey of Nursing Education in Canada.

Prof. F. Clarke, Head of the Department of Education, McGill University, Montreal.

Sister Augustine, Directress of Nurses, Hotel St. Jean de Dieu, Montreal.

The Initial Task of the Central Curriculum Committee.

The Central Curriculum Committee is now concentrating its effort on the analytic aspect of curriculum construction. It is preparing a questionnaire, to be sent out to the provincial sub-committees, the purpose of which is to secure the opinion of the nursing profession concerning the applicability of certain recommendations, embodied in the Survey Report which deal specifically with the undergraduate education of the student nurse.

Organization of Provincial Sub-Committees

Letters have been sent to all the provinces describing the plan of provincial organization, as suggested by the Central Curriculum Committee in the January issue of The Canadian Nurse, and making an appeal for provincial co-operation in this national study. Three provinces, Nova Scotia, Alberta, and Saskatchewan, have already replied, giving assurance of fullest co-operation, and intention to organize as soon as possible. The Central Curriculum Committee plans to have the above-mentioned questionnaire ready for distribution in March. It is hoped that, by that time, all sub-committees will be organized and ready to begin the work of the provincial studies, the results of which will be classified and coordinated as the first step in the building of a national curriculum.

A FRONTIER HOSPITAL

ISABEL BESCOBY

The tourist in British Columbia frequently endeavours to follow the path of pioneer gold-seekers into the heart of the province. He follows the Cariboo Trail, now an automobile highway, through rugged Fraser River canyons, over high mountain cliffs, through farm lands, and down creek beds for a total distance of about five hundred miles from Vancouver. He tries to reach what was the famous gold-mining centre of British Columbia in the sixties—Barkerville, on Williams Creek, one of the few surviving "ghosts" of Cariboo's gold-rush days. There, the traveller is shown many tale-bearing spots. Among them, is a small white building hiding among the bushes, by the side of the automobile road, just north of the town of Barkerville itself. The house is now occupied as a private residence, but until 1922, it was the Royal Cariboo Hospital, the only refuge within sixty miles for miners needing medical assistance.

In the frontier northern wilderness of Cariboo, gold-seekers of the early sixties found themselves quite unprepared for accidents and illness. Food and clothing supplies had been hurriedly rushed in to the mines after the discovery of the rich deposits at Williams Creek in 1861, but professional service of any kind was very scarce. During the smallpox epidemic among the Indians in 1862, one doctor, W. B. Wilkinson, settled in the district, but this one source of medical advice for the whole area of about two hundred miles in length was entirely inadequate — especially when we consider that, as yet, there were no roads whatsoever in British Columbia.

By 1863, almost ten thousand gold-diggers had congregated on Williams Creek, and hundreds had gathered in the surrounding mining district. With stores, saloons, and dance-halls opening their doors everywhere, and particularly at Barkerville, on Williams Creek, it was natural that a community consciousness should arise. One of the earliest manifestations of the growth of a community spirit among the miners of Cariboo, was the demand for public institutions and of these, the first was a hospital.

On the twenty-second of July, 1863, the inhabitants of Williams Creek met at a public gathering, and passed a motion that "a hospital among them was imperatively demanded." A week later, the miners decided to erect a suitable building on a lot about a mile along the main road from the largest town in Cariboo, Barkerville. The location was at a spot known as Camerontown. The hospital, consisting of a ward, a doctor's office, and a kitchen, was hastily constructed, and on October 1, 1863, was opened for the reception of patients. Up until July, 1864, the hospital admitted thirty-two men of whom twenty-six were discharged cured, three died, and three remained in the institution. During the year, its maintenance had required the expenditure of about seven thousand dollars but, as the Government grant had been only twenty-five hundred dollars, and public donations about twenty-seven hundred dollars, the hospital committee found itself in debt.

Because of these unsatisfactory financial conditions, the committee recommended that the upkeep of the hospital be made a Government matter, and that a grant of about six thousand dollars be made to it annually. That was in July, and on September 20, as Reverend A. Browning, who was secretary of the Williams Creek Hospital Board, had received no reply from the Government, the hospital board, by is own decision, ceased to exist. At this crisis, the colonial officials at New Westminster instructed the resident Gold Commissioner to spend what was necessary to pay attendants' salaries, buy medical supplies, and anything else absolutely essential for the operation of the hospital. To meet the urgent situation, the physician-in-charge, Dr. J. Chipp, and his steward, offered to remain for their board only, without salary. This offer was readily accepted, and no salaries were paid by the Government until January, 1865, when it was decided to pay the doctor one hundred and fifty dollars monthly and the steward, George Moss, one hundred and twenty dollars. Patients were allowed for at the monthly rate of from forty to sixty dollars each, depending upon the amount of expensive medicine required for treatment.

Although patients were not numerous (there were only fourteen regular and ten out-patients between January 1 and October 12, 1865) the little hospital was expensive. In 1865 the expense of the Williams Creek Hospital, later known as the Royal Cariboo Hospital, to the government was £1,057 or two-hundred and seventy dollars per head. Above this, the miners made voluntary contributions. The New Westminster Hospital, during the same year, had required only forty-two dollars per patient from the Government but it was pointed out that, in the southern city, cases were more numerous and less extreme, and that supplies were much less expensive than in Cariboo.

By 1866, the hospital at Camerontown was used by only three patients per month. The total population of Cariboo had declined greatly, but this alone did not account for the sudden decrease in the usefulness of the hospital. The official authorities heard that confidence in the Williams Creek Hospital, if not in the directors, had been lost. In support of the statement they pointed out that, of seven accidents occurring in the mines during the summer, none of the victims had applied to the hospital for treatment. During the whole year, 1866, only forty-two patients were admitted. At the same time, one hundred and fifteen received advice and medicine as out-patients.

With the general loss of economic prosperity following the decline of industry in the gold mines and the high cost of supplies, maintenance of the hospital became a burden. The colonial government became more parsimonious in its grants and public subscriptions grew smaller. To balance the budget, Dr. Bell, the attendant surgeon, accepted a reduction in salary to a mere one hundred dollars per month in 1867. At the same time, the number of patients, especially out-patients, increased so that by 1870, there were thirty-four ordinary, and three hundred and fifty out-patients in ten months.

So essential to the life of Cariboo was the small Williams Creek Hospital, that the Grand Jury in 1870 itself made a plea for funds. The members of the jury said in their report: "We beg to call attention to the condition of the Cariboo hospital, an institution of inestimable benefit in a mining community, where men are so liable to be prostrated by sickness or accident, far from their friends and in many cases destitute of means. A contribution of two hundred and fifty dollars per month is now given by the Government, in addition to which considerable sums are annually raised in the district by private subscription. The resident surgeon, who, in addition to his ordinary duties, has during the past year, dispensed medicine to over three hundred out-patients, has not, during that period, received from all sources over one dollar per day as remuneration for his arduous services; as it is desirable to provide a permanent fund for the support of this indispensable institution, which has always hitherto been crippled through impecuniosity, we would recommend that, in addition to the annual grant now given, the sum of one dollar additional be collected on each mining license issued, and retained by the Gold Commissioner as a special hospital fund."

This suggestion was never adopted, and for several decades, the pioneer institution known as The Royal Cariboo Hospital was maintained by regular taxes. As far as is known, only males were ever employed as attendants, for Cariboo was a man's country into which few women, except dancing girls, ever entered. As all life in the gold fields seemed to slip away, the need for medical assistance became less urgent and, in October, 1922, just fifty-nine years after its opening, the hospital at Camerontown was closed and the Government grant terminated.

This, then, is the story of a frontier hospital. It was opened in the midst of one of the most picturesque movements in Canada's history because of the enthusiastic demands of hundreds of eager gold-seekers. Soon, with the decline of gold production, maintenance of the hospital became burdensome for Government authorities as the institution's utility dwindled. After half a century, it seems as though gold-rushes have definitely become past history. The population no longer justified the expenditure that would be necessary to keep open the small building by the side of the Cariboo road. And so, today, the Barkerville district in Cariboo has no hospital, although its summer population may approach one thousand.

RING IN THE NEW

JEAN E. BROWNE

Canadian nurses must have enjoyed reading the first editorial of the new Editor of *The Canadian Nurse,* published in the February number. This editorial indicates the calibre of the woman who wrote it. She has lost no time in giving honour to the courage and devotion of her predecessor, and by so doing reveals something of her own character.

Now that *The Canadian Nurse* has become a department in its own right, its subscribers look forward to its becoming a first class professional journal. It is not easy to define exactly what this is. Perhaps it may suffice to say that it constantly maintains the highest ideals of our profession, that it constantly stimulates our interest in our work and that it constantly helps us to understand and appreciate our problems.

What are the possibilities for the *Journal*? Informative articles will always be necessary, but they should be given their proper perspective. Facts we must have, but an unassorted accumulation of facts is of very little use to anyone. The important thing is the analysis of them. Because of the very nature of their training, nurses, perhaps more than other professional people, are apt to let others do their thinking for them. *The Canadian Nurse* will fulfil its most important function if it educates its readers to think for themselves, to bring an analytical mind to their problems, to be guided by reason rather than emotion, and to be ready to make changes when a changing social order demands them.

Another possibility, awaiting development, is for integrated series of articles on related topics, either of general nursing interest or for specialists in various fields of activity. Such articles might constitute a kind of post-graduate correspondence course, and would provide up-to-date, authentic information on every phase of nursing. Where differences of opinion exist, both points of view should be presented.

It can surely never be overemphasized that the nurse's job is nursing—not diseases, but patients. The same principle may be applied to the public health nurse, who is dealing primarily, not with theories, but with people. The ideal journal for nurses will never overlook this basic fact.

There is a popular saying that a publication succeeds in so far as it gives its readers what they *want*. That is the philosophy of the yellow press. But is there not a much higher ideal? Is it not possible to give readers what they *need* in such a form that it makes a strong appeal to them?

The financial aspect of the journal is an important one. The major problem, of course, is advertising. The present period is the most difficult in years to solicit advertising, as most firms have slashed their advertising to a minimum. The other problem is to increase circulation. Those who are interested in *The Canadian Nurse* can help the new manager in this respect by arousing the curiosity of non-subscribers rather than by preaching the solemn duty of subscribing.

Let it be stated that these remarks were written by invitation, and that the writer has faith in the ability of the new Editor to produce a journal of distinction, both from the literary and the professional angle. We welcome Miss Johns back to Canada where she belongs, and we wish her and *The Canadian Nurse* a long and glorious life of achievement.

THE EDITOR'S DESK

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This issue of the *Journal* is, in itself, a challenge to the nurses of Canada. The President of the Canadian Nurses Association, in her message entitled *The Canadian Nurse in a New Uniform,* states quite clearly wherein that challenge lies. The success or failure of this new venture depends upon the nature of the response which nurses make to the President's appeal.

On the page opposite to this editorial there is yet another challenge; one which the Editor must find the will and the courage to face. Miss Jean Browne, in her official capacity as a member of the Publications Committee, suggests that the *Journal* should not only record facts and reflect opinion, but that it should also integrate those facts and interpret that opinion. Such a task is obviously both difficult and delicate, but it must be tackled if the *Journal* is to justify its existence. Under these circumstances, it seems as though there were nothing for it but to mark the beginning of this twenty-ninth year by attempting to integrate the current number.

It is taken for granted that the two topics of greatest interest and importance to nurses in every part of Canada today, are the economic conditions with which nurses are confronted, and the ways and means suggested by the recent Survey for ameliorating those conditions. In this issue of the *Journal* there will therefore be found two articles bearing directly on these questions. Miss Gunn discusses them from both an educational and an economic point of view in *Educational Adjustments recommended by the Survey;* Dr. Grant Fleming, in *The Socialization of Medicine,* gives a background against which our nursing problem stands clearly in relief. These articles should be studied in relation to one another. They point the way toward the adjustments which must be made in the light of impending social change.

In the April number, this broad treatment of the whole scene will be followed up by some account of what is already taking place in the various Provinces, as a result of the activities of the Provincial Joint Study Committees. It should prove helpful to the Provinces to be thus kept in touch with one another by means of the *Journal.* For instance, it might be worthwhile to read carefully, the questions which are formulated in yet another article in this number: *Manitoba Shows the Way,* and to note how Quebec is solving her language problem, in connection with the Survey. The doings of the *Central Committee on Curriculum* are also worth watching. This group ought later to be able to give material assistance to the Joint Study groups, through its provincial subcommittees.

The attention of all nurses is drawn to Miss Rose Chambers' clear presentation of their responsibility with respect to the teaching of nutrition. This article is placed under the caption of the Department of Public Health Nursing, but has a direct appeal to the institutional and private duty nurse as well. Miss Bescoby's description of *A Frontier Hospital* ought to awaken a pioneering spirit which has been a bit dormant lately, and Miss Batson's article, under the caption of Private Duty Nursing, is the result of an appeal from a rural private duty nurse for help in planning nursing procedures in the home. *A Birthday* is an honest tribute to the women who made the *Journal* possible.

It is a satisfaction to be able to report that the new cover with its attractive design, the new mailing wrapper which keeps the blue uniform clean, and a more convenient style of paging, have all been attained without additional cost. In this connection, the Editor wishes to express her appreciation to the members of the printing firm of Messrs. Barwick, of Montreal, who have patiently and courteously guided her through the difficulties which lie in the path of the beginner.

At this point, any further attempt to integrate must cease, so far as this issue is concerned. Interpretation must wait awhile. Before either process is resumed the President's challenge must be accepted — the nurses of Canada must think, and must express their thought in such fashion that it may be integrated and interpreted in the pages of *The Canadian Nurse,* with clarity and without prejudice.

Department of Nursing Education

EDUCATIONAL ADJUSTMENTS RECOMMENDED BY THE SURVEY

JEAN I. GUNN, R.N., Superintendent of Nurses, The Toronto General Hospital.

In discussing the subject assigned to me I would like to begin by quoting a paragraph from the address given by Dr. G. Stewart Cameron at the biennial meeting of the Canadian Nurses Association, in Saint John. This paragraph reads: "It may be only a coincidence, but a significant one nevertheless, that throughout the Anglo Saxon world, at least, those interested have gradually reached the same general conclusions, and, while the problems may not be quite the same in Great Britain, the United States and Canada, there is the unanimous conviction that the present nursing system, both within and without the hospital, should receive thorough revision." In Canada that conviction brought about the recent Survey of Nursing Education. The Survey was undertaken for the purpose of ascertaining facts concerning nursing in Canada, including all that pertains to nursing education, to nursing service in its broadest sense, and to the nurses engaged in that service. What is to be done now that the facts are known?

If any progress is to be made, one change is essential. We must learn to think of nursing education as entirely apart and separate from nursing service. Ever since the beginning of modern nursing in our Canadian hospitals, the urgent need for the bedside nursing of the patients has forced the education of the student nurse to conform to the nursing needs of the institution. The average Board of Trustees looks upon the student nurse only as part of the nursing personnel of the hospital. The fact that the hospital, in conducting a school of nursing, is functioning as an educational institution preparing the student nurse for her profession, is rarely realized.

When one studies the development of nursing in this country, it is difficult to understand why such a vital branch of education has been allowed to develop in such a haphazard way. Before the enactment of legislation dealing with nursing education in the different provinces, each hospital decided its own educational programme, and had practically no contact with any other institution. The defects of this system need no emphasis; they are painfully apparent.

With the passing of legislation in the different provinces, it was hoped that, at last, some method of bringing nursing education up to a proper standard might be evolved. But those interested were doomed to disappointment; the legislation introduced was only of the permissive type, and exerted practically no influence on the hospitals conducting schools of nursing. If the hospital wished to make it possible for the graduates of the school of nursing to become registered nurses, it was necessary for the school to reach certain standards, the checking of which depended largely on the ability of their graduates to pass the examination for registered nurse. Too

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(Read at the Annual Meeting of The Association of Registered Nurses of the Province of Quebec, Montreal, January 31st, 1933.)

much emphasis has been placed on this final examination, and too little attention has been given to the preparation of the candidate during her three years of training which, in actual time, is equal to four and one-half years of university work. The Survey refers to these registration examinations as conducted under existing legislation in the different provinces as follows: [*]"The R. N. examinations possess unusual prestige. They define standards and set the examination pace for training schools to follow. Their prestige may, indeed, be considerably over-rated and their standards neither high nor selective. Nevertheless these provincial qualifying tests suggest, to the undergraduate mentality, the open sesame that unlocks the door to the land of professional enfranchisement." But are the R. N. examinations a truly serious challenge? Do they turn aside the weaklings who seek admission to the nursing profession?

The answer given to this question by the Survey is as follows: [*]"Defects in the present R. N. examinations are admittedly legion: these tests are too easy; they are not sufficiently discriminative ject to the vagaries of personal they are memoriter and bookish, and too little of the clinical and practical type; standards are extremely low; the papers are subject to the vagaries of personnel and arbitrary standards of marking the scoring is widely variable and unscientific."

This criticism is given, after careful study, by an educationist, of the final test of the student's education on which we have pinned our hopes for so many years. It must also be borne in mind that only the graduates of the so-called approved schools of nursing are allowed to write these examinations. How many nurses who report as candidates are properly prepared? One only needs to look casually at the facilities of many of these approved schools of nursing, to see that they are sadly lacking in clinical material, a lack which cannot be made up by classroom teaching. In some cases the number of hospital patients is too small, and in others the type of patient admitted too restricted. So we find that many of the schools of nursing which have actually received governmental approval, are unable to give a properly balanced education to their students.

What, then, are the facts concerning the schools of nursing not in receipt of governmental approval? The facts are that these schools are actually carrying on an important branch of education without any attempt, on the part of the government concerned, to make sure that these so-called nurses are safe for the public service they will undertake. For the fact remains that these nurses engage in public nursing service, since the actual practice of nursing is not controlled in any way. Hospitals, or other institutions and agencies employing nurses, and professional registries, usually require the nurse to be registered. This practice is not, however, compulsory and may or may not be followed. In the field of private nursing, the service is quite uncontrolled. Any person may engage in nursing if such employment can be secured. These conditions will prevail until it is enforced by legislation that all those who nurse the sick for hire be licensed for this service.

While such licensure would be a great step in advance, it would not materially change the number of nurses seeking employment. There has never been any attempt made to balance supply and demand nor, in fact, to even study supply and demand, in any community. Hospitals have enrolled students to meet the requirements of the nursing service in each indvidual hospital, and have graduated classes, large or small as the case might be, year after year, without the slightest thought of the community needs or of the future employment of the nurse. One has only to make a very casual study of unemployment conditions, as they exist today, to see the result of this system.

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[*] Survey, page 347.

While there is unemployment among all types of workers, the unemployment that exists in the nursing profession is really more marked, and more acute, than in almost any other occupation. The entire time allotted to this paper could be used in an effort to present the conditions under which the nurses are existing in many provinces of the Dominion. In the city of Toronto, which is probably fairly typical of all large cities, the following conditions prevailed in connection with the professional registry for nurses, during the months of October, November and December 1932, and are quite typical of the preceding months as well. During those three months the calls for nurses totalled 2,773, of which 315 were in private homes and 2,458 were for special duty in hospitals, an average of 30 calls a day. During these three months the nurses on call averaged from 550 to 600 daily from a total membership of approximately 1,250 nurses. This shows definitely that 50 per cent of the mmbers were unemployed and actually on call. But the true percentage is really much higher, since many nurses who hold membership have discontinued nursing, and are remaining at home, as they cannot afford to remain in the city and be unemployed. The average length of time that the nurses waited for employment was from four to five weeks, and if the nurse took only day duty, the time extended six or seven weeks. The average length of time the nurse was employed with any one patient was approximately five days. If the nurse averages five days a month she is only employed sixty days during the year, with a total income of $300.00, provided she is able to collect all her fees.

While the lack of income is serious, the lack of employment, from the standpoint of general morale, is far more important. It is to the nurses in private duty that this misfortune has occurred. All nurses out of employment, who have previously been employed in other fields of nursing, resort to private nursing. In this way the ranks of the private duty nurses steadily increase in number, which makes the situation progressively acute. Reduction in the staff of the hospitals and other institutions has a very direct bearing on the problems to be met by the private duty group.

These problems have been increasing with the years, and are not finding a satisfactory solution or, in fact, any solution. In recent years the whole field of private nursing has changed—almost ninety per cent of all private nursing is done in the hospitals. Only a little over ten per cent of private nursing is done in the homes. Many factors enter into this condition, but the most important and most outstanding is the inability of the average citizen to pay for graduate nurse service. It is not that the nurse is not needed, but that the patient is unable to pay. For many years this has been a problem in several countries and has often resulted in an unfair criticism of the nursing profession.

It is only very recently that this problem has been recognized, and acknowledged, to be a problem for the entire community to solve. Many studies are now being made and suggestions advanced, many of which are suggestive of some form

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of socialized nursing, whereby the patient may receive the necessary nursing care, and the nurse may be assured of employment. This solution, however, seems a long way off and will not come into effect soon enough to assist in decreasing the present unemployment.

When one considers the many problems to be solved, the truth of Dr. Cameron's statement quoted in the first paragraph of this article, is very forcibly realized. The Survey has presented many facts which point to the need of radical change in the present system. After considering many of the existing difficulties in nursing education and nursing service, where should this thorough revision begin and along what lines should it proceed?

It would seem that the education of the student nurse is fundamental, but many factors are involved: the school of nursing in which the student is to receive her education; the student and her preliminary education; the curriculum, including both theory and practice; the teaching staff; the conditions under which the student gains her practical experience.

In considering the first factor, the school of nursing, we must endeavour to overcome the almost universal tendency of confusing the school of nursing and the nursing service of the hospital. They are, of necessity, closely connected, but must be considered separately if we are to make the needed changes in the present system. Surely the time has come when legislation, concerning nursing education, should really exercise some control over nursing education and cease to be merely a gesture in that direction. Hospitals that are unable, through lack of facilities, or unwilling, through lack of interest and understanding, to meet the requirements for conducting an approved school of nursing, should be compelled to make other provision for the required nursing service in the hospital, and discontinue their feeble attempt to educate nurses.

Until the permissive type of legislation is strengthened there will be very little constructive progress, and, as long as any hospital, regardless of its facilities, is permitted to conduct a school of nursing, there cannot possibly be any control of nursing education.

In defining an approved school of nursing, the Canadian Nurses Association went on record as follows: "An approved school must be equipped and staffed to give satisfactory instruction in the five major departments, namely: medicine, surgery, obstetrics, pediatrics and communicable diseases." It was further decided that "steps be taken to bring nursing education into the general educational scheme of the province." In view of these recommendations, the first step in revision should be to make sure, by means of legislation, that only such schools of nursing as are approved by the provincial governments be permitted to undertake the education of student nurses.

The second factor, the student nurse and her preliminary education, is really basic in any educational undertaking. The student's ability to profit by the teaching offered her depends largely on the mental equipment with which she enters training. The various provincial Registration Acts prescribe minimum educational requirements for admission to approved schools of nursing. The standards set are either too low, or too well provided with loopholes through which the student may enter. Student nurses should possess a good preliminary education. The Survey states that *"Every profession, and practically every occupation, is today demanding higher educational standards of admission. The general level of public education and social intelligence is being uniformly elevated. These are statements that even the most confirmed reactionaries must accept. High school education for the masses is more common today than was an elementary school education in the days of our grandfathers."

If education were not essential for the doctor, the lawyer, the minister, the business man or woman, and the teacher, then there might be some argument against the need of fixing a high educational standard for students entering nursing. Is there any logical reason for assuming that a nurse should begin her preparation for her profession without the same educational advantages as are demanded by the other professions?

Another important factor that has to be borne in mind is the difference in preliminary education among the members of the student group in a single school of nursing. The Survey states, †"So long as such unevenness in the academic preparation of student nurses exists, any attempt at standardizing a professional curriculum will be largely futile." The standard of preliminary education approved by the Canadian Nurses Association is pass matriculation, or graduation from a special high school course prepared for nurses. If this standard is made compulsory, through legislation, in the different provinces, the student of the future will have the advantage of possessing at least an average education, and the schools of nursing will enroll only those students whose educational background makes possible a satisfactory teaching programme.

The third factor for consideration is the curriculum. Deciding on a curriculum presents a real problem and a sentence in the Survey outlines in a few words, the outstanding need: *"A thorough job analysis study of what should be taught in nursing, or medicine, or in any other field of education, would probably result in *articulating the type of education in question more closely with the needs of the community.*" All our Canadian schools of nursing need to make a definite study of the extent to which the curriculum, both in theory and practice of nursing, is fitting the student for the service demanded of her by the community.

The time is past when the old, long tried, and treasured curriculum can be logically carried out. Developments in the practice of medicine, changing social conditions, new policies in public health service, all should influence the curriculum of the school of nursing. The curriculum should receive serious consideration from the Councils in the different provinces who are responsible for the educational programmes of schools of nursing. The job of analysis and curriculum building has already been undertaken by the Nursing Education Section of the Canadian Nurses Association and, no doubt, will result in giving leadership and assistance to the provincial Councils.

However, a carefully compiled curriculum is of little value without a properly qualified teaching staff. In considering the teaching staff of any school of nursing there are two points of importance: the qualifications and ability of the teacher and the time she is allowed for teaching. The first condition, that of proper qualification, needs no discussion. In any branch of education the teacher must be qualified to teach. Nevertheless, many schools are being conducted without any qualified teacher, the teaching being done by a nurse who has had no training whatever in that work. Schools of nursing that continue this practice are well aware of the fact, and will probably not change unless such change is made compulsory.

The second factor is less apparent and possibly less striking to the onlooker. It is, however, of vital importance. The teaching staff of any school should be given time to teach. In some of our Canadian schools of nursing, the teaching staff is given so many administrative duties that, in many cases, the teaching actually takes second place. The teacher must be looked upon as a teacher, and not as a hospital executive and administrator. This means that a hospital conducting a school of nursing should have an adequate administrative staff, and not demand this service from the teaching staff. Sufficient time should be allowed for preparation of work, study, and individual contact with the students.

The lectures given by the medical instructors have not met with the unqualified approval of the Survey. The Survey states *"The difficulty however, lies not so much in knowledge of content, as in organization and adaptation of subject matter to meet the needs of the student nurse." And further, it is the opinion of the Survey that, if certain medical instructors were paid, they would probably feel more conscience-bound to give greater value to the student nurses than is sometimes the case under present conditions. The fault, in this branch of instruction, lies with the hospital and not with the doctor. Ever since the beginning of nursing education in our Canadian schools, the members of the medical staffs have given countless hours of their valuable time for the instruction of the student nurses, and the hospitals have come to take this service for granted. The school of nursing should assume financial responsibility for the teaching programme, and not continue to demand that the medical staff give this teaching gratis. If the doctor were a member of a paid teaching staff it would naturally follow that he would have teaching ability and possibly teaching experience. All doctors are not teachers any more than all nurses are teachers.

When conditions in schools of nursing make possible the teaching of a suitable curriculum, it would seem that rapid progress in nursing education might be expected. But, unfortunately, all such progress will still depend on the amount of nursing service demanded from the student group. The schools should have proper working conditions as well as proper teaching conditions. At present, the student nurse works too long hours, and is required to accept too much responsibility. Her experience in practical nursing is too dependent on the many demands of the hospital service. Shorter hours of duty have been discussed for the last twenty-five years, and to a large extent it has ended in discussion. A much larger staff of graduate nurses is needed in practically every hospital in Canada. Until hospitals cease to depend entirely on the student group for nursing service there is little possibility of making any of the much needed changes in nursing education. The pressure of work in the average hospital is absolutely foreign to any atmosphere of learning or study.

The need for the employment of a larger number af graduate nurses on the permanent staff of hospitals is important also from an economic standpoint. Some method must be found to limit the number of students graduated to the needs of the community. The only way in which the supply can be made to more nearly fit the demand, is by decreasing the number of students enrolled, and increasing the number of graduate nurses employed. It is encouraging to note that during the past year many hospitals have made a beginning in this direction. The results are four-fold,—a more permanent and experienced nursing service for the hospital patients; the creation of proper learning and working conditions for the student group; the reduction in the number of nurses graduated annually; and improvement in the employment conditions of graduate nurses.

When one considers all the existing conditions, pertaining to nursing education and service, that need the thorough revision referred to by Dr. Cameron, one begins to wonder if there is anything to be commended in the present system. The Survey states, *"The real leaders in the nursing profession, which is now passing through a somewhat feverish stage of transition, have set before themselves high ideals of accomplishment and service. Their programme, however, is neither that of the mere visionary nor of the fanatic. These women of foresight and action, whose cause is capably supported by not a few members of sister professions and of the laity, have envisaged the potential greatness of their profession as an agency for the promotion of human betterment and the relief of physical and mental distress. Theirs is a venture of faith—but of faith that removes mountains of opposition — and there are not a few of such mountains to be removed!"

THE ANNUAL MEETING OF THE REGISTERED NURSES' ASSOCIATION OF ONTARIO

The eighth Annual Meeting of the Registered Nurses Association of Ontario will be held on Thursday, Friday and Saturday, April 20th to 22nd inclusive, at the Prince Edward Hotel, Windsor, Ontario.

The principal topic for discussion at the general sessions will be the findings of the Report of the Survey of Nursing Education in Canada made by Dr. G. M. Weir. The Private Duty Section has made arrangements with Miss L. Simmons, Supervisor of Hourly Nursing Service, Chicago, to address its open meeting on Friday afternoon. Miss Simmons will have some practical and timely suggestions to offer concerning the organization and direction of an hourly nursing service. Following this session the Nurse Education Section is planning an equally interesting and instructive programme for its open meeting, arrangements for which have not yet been completed.

Miss Elizabeth Smellie, Director of the Victorian Order of Nurses for Canada, will give an address at the open meeting of the Public Health Section on Saturday morning, and the Editor of The Canadian Nurse will speak briefly at the business sessions of the various Sections and will give an address entitled "Old Lamps and New: The Community looks at Nursing" on Friday evening, at the open meeting.

An excellent commercial exhibit of interest to all nurses is being planned and a number of firms have already reserved space. A complete programme will shortly be available of what promises to be an exceptionally interesting and stimulating meeting.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

A HOT MOIST PACK

MARTHA BATSON, Reg., N. Instructor of Nurses, The Montreal General Hospital Training School for Nurses.

A hot moist pack is really a huge ,fomentation, the object of which is to stimulate the action of the sweat glands. It can be conveniently given in the home by substituting simple household appliances for the regular equipment used in hospitals.

Suggestions for such substitution are given in the following list of articles required: Two old woollen blankets; two flannelette blankets; two good woollen blankets, or layers of newspaper, to keep in the heat; two large rubber sheets, or a large piece of oilcloth or raincoat; a foot tub or wash tub; an ice cap or cold compresses; stupe wringer made of heavy cotton, forty-five inches long, twenty inches wide, with a three-inch hem at either hem. Use broom handles for sticks. If this type of wringer is not available, blankets can be wrung out by using a clothes wringer. An ice cap or cold compresses should be applied to the head, at least half an hour before the pack, to contract the blood vessels, avoid congestion, and relieve headache.

The bed is prepared by placing a flannelette blanket over the patient, and removing the upper bed clothes. A woollen blanket is placed under the patient, and over this are placed a long rubber sheet or oilcloth, and a flannelette blanket, which should not be tucked in. The blanket is wrung dry and placed in close contact with the whole surface of the body, being tucked smoothly underneath the back, around the shoulders, into the axillae and between the legs. The under flannelette blanket and rubber sheet are turned up over the wet blanket, and covered immediately with the second rubber sheet and two woollen blankets. A towel is placed across the chest, to prevent the blankets from coming in contact with the face. At the end of ten or fifteen minutes, a second hot wet blanket is brought to the bedside. The covers and rubber sheet are removed separately and placed on a chair. The under blankets and rubber sheet are turned down over the sides of the bed. The second hot blanket is then placed over the patient, at the same time removing the first one. This is left on for ten or fifteen minutes.

If the patient is reacting well, the pack may be continued for half an hour. The damp articles are then removed, and the patient wrapped in the under woollen blanket for one hour. The patient is then rubbed with warm towels, given an alcohol rub, and is put into a warm flannelette gown, placed between flannelette sheets and the bed remade.

During the pack, the patient should never be left alone, and the pulse should be taken from time to time at the temporal artery. Unless fluids are restricted, cool drinks should be given to supplement the fluids which are being lost through the skin. The nurse should report the amount of perspiration and whether the patient voided. The patient's colour should be noted frequently, and if he shows any signs of exhaustion, the treatment should be immediately discontinued.

Department of Public Health Nursing

NUTRITION: ITS EMPHASIS IN A HEALTH TEACHING PROGRAMME

ROSE CHAMBERS, B.Sc., Nutritionist, Victorian Order of Nurses for Canada, Montreal.

Since the beginning of the twentieth century nutrition has made great forward strides. From the laboratories of great scientists over all the globe have come findings of the utmost importance. The work of the "Hunger Fighters" has been on a par with the work of the "Microbe Hunters" in an earlier age, and with each new discovery, has come more keenly the realization of the necessity for spreading the knowledge thus gained. We have admitted that between the man in the laboratory and the people in our homes there is a gap that must be filled. How is it to be done? How are we going to carry our scientific knowledge of body needs to the layman so that he may use it every day?

Strangely enough we find that our scientific teaching began really with the treatment of disease. The diet specialist in the hospital plans balanced meals for all. The teaching given is almost exclusively to those patients who must exist more or less permanently on a special diet. Those who will return from the hospital to their normal diet may learn a few things by force of the example set them in the hospital, but so far there has been little opportunity to teach them more.

In clinics also, is found the necessity for teaching diet in disease. Many hospitals, in the United States more particularly, have dietitians for the especial purpose of teaching out-patients how to plan their diet. Full possibilities in this respect have not been developed, however, and many of the poorer people suffer from the lack of even this amount of instruction.

In Public Health and Social Service the first beginnings again were in diet therapy. The public health nurse, having had a certain amount of dietetic training while in hospital, found very often, that she could be of especial assistance to her patients. When we keep in mind the Public Health objective of building for positive health, or, as McGonigle and McKinley so aptly express it in their recent article, of "getting away from the pathological conception of such a service to that of maintenance of normal biological processes", it is easy to understand the development of a more balanced programme.

Now the effort of the nurse is, or should be, to teach the principles of a normal diet. The first attempt is with the mother in the home, in order to bring about the development of strong healthy bodies, and in order to lower the occurrence of disease by increasing the general resistance. The nurse must get under the surface of attractive wrappers, tear away reams of misleading advertisements, get to the origin of foods so camouflaged by commercial preparation as to be scarcely recognizable. She has to dig away the piled-up propaganda of faddists. Beneath mountains of such deceptions she must try to show the true value of foods, and great persuasive powers are neces-

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(Read at the Annual Meeting of The Association of Registered Nurses of the Province of Quebec, January 31st, 1933.)

sary to accomplish her aim. There is the over-indulgence of fond parents to be eliminated. The nurse must know something of the training of children in order to make the rest of her teaching effective. She must know something of the market value of foods. It is a long road from old maxims such as "Feed a cold and starve a fever" to the scientific teaching for which we aim, and we have gone but a very short distance.

A recent investigation into the physical condition of an unselected group of school children in London revealed the following facts:

87.5% of the children examined showed one or more signs of bony rickets.

66.1% of the children examined showed two or more signs of bony rickets.

82.4% presented some abnormality of the naso-pharynx.

67.7% had some degree of adenoids.

93.8% had dental caries.

88.1% had some degree of hypoplasia.

Surely this high degree of defects, due to dietary deficiency, indicates a need for nutrition instruction. McGonigle and McKinley state that the percentage of five-year-old school children found by the medical officers at Stockton-on-Tees to have defects so severe, at the time of discovery, as to require medical treatment, has remained at twenty for ten years. We wonder sometimes what our own statistics would show.

No doubt you, as nurses, are saying to yourselves: "In what way does this concern me? What of the trained nutritionist? This is her task." We can only join with the group at the White House Conference and say with them: "We do not want to make nutritionists out of nurses, but rather through the co-operation of the nurses and nutrition workers to give instruction which will 'integrate itself into the whole health teaching programme." Further, I should like to point out that there are hundreds of you to one of us; that you have access where we will never be able to go; and that another generation is growing up while we are slowly, very slowly, finding for ourselves the prestige you have had for generations.

The Public Health Nurse, as we think of her, has made a beginning in her share of the task. She has accepted the statement that the foundations of health and strength are laid in the ante-natal period. She is trying to teach mothers what these foundations are and where they are to be found. She is teaching these same mothers that, if they and their families are to maintain health and strength, there is a minimum supply below which they must not go. She is trying to indicate of what this minimum consists.

We must not, however, take for granted that our so-called Public Health nurse reaches all groups who need nutrition teaching. In doing so we would overlook whole armies of diabetics and nephritics, many individuals who are either obese or emaciated, and thousands whose efficiency is lowered and whose very health and vitality desert them under the strain of chronic constipation. We might include with this the high incidence of rheumatism and arthritis, as well as gastric ulcer and similar ills.

With existing conditions in mind I am going to assume that you agree with Eleanor McPhedran, of Calgary. In her recent article in the Canadian Nurse she says: "I am not a public health nurse in the accepted sense, but it has always been my nursing creed that all nurses should be teachers of health

—therefore, public health nurses in the broadest meaning."

Suppose we consider first of all the school nurse. How can she incorporate the science of nutrition into her work? Walter E. Hammond lists the duties of the school nurse under three headings. To the last one listed he attributes the greatest importance, and certainly his experience gives him the right to judge. His list is as follows:

(1) . . . work in connection with the physical and dental examinations, and the keeping of complete records.

(2) . . . her direct work in testing the eye-sight and hearing. . . .

(3) . . . rendering first aid and giving simple treatment.

"Her big job", he adds, "is woven into all three of those mentioned. Specifically, it is to see that everything humanly possible is done to correct the difficulties discovered by the examining physicians." It seems only natural to include nutrition teaching as one of the most important factors in the accomplishment of this last duty.

My suggestions to the school nurse are two in number. Interview the mothers of undernourished children and give them as much definite, helpful instruction as possible. Keep in mind the emphasis of nutrition in health teaching to children in the schools, and bring it, with suggested programmes, constantly before boards and teachers, at every opportunity. By following the first suggestion you will be helping other public health nurses to overcome the lack of nutrition education among our mothers of today. By following the second one you will be making the mothers of tomorrow nutrition-conscious, and obviating many of the ills from which we suffer. The burden falls upon your shoulders because there is no one else in a school staff so peculiarly fitted to the task. You know the condition of the children. You see the condition of the homes. Constantly suggest the means for improving both until you have attained your aim.

Leaving the school nurse and turning to the nurse in commercial and industrial organizations, we find an evolution taking place. At the National Safety Congress in Chicago in October, 1931, Miss Katherine Faville stated: "The industrial nurse is no longer recognized as a separate entity but rather as one of the group of public health nurses working for the larger purposes of community health." In June of last year the Journal of Industrial Hygiene reported the results of a study, made by the E. S. Patch Company in Boston, and the Eastman Kodak Company in Rochester, of the nutritional condition of young women in their employ. These companies found that, by supplementing the home diet of their employees in the addition of milk and cod liver oil, absence from employment was decreased, efficiency was increased, and the average weight of the girls increased.

To those of you who are nurses for commercial firms I hold this up as an example of what you may do. I shall make no specific suggestions as I think the opportunities for nutrition teaching will present themselves clearly to you. May I say this, however: Your obligations do not end with your duty to your employer and to his employees. As a nurse you owe a great deal to your profession and to the community in general. By taking an interest in the well-being of those under your care, and by letting your interest extend to their families and to their homes your obligations will be more completely fulfilled. You will be more than ever an invaluable member of the community in which you work.

The private duty nurse probably feels that her opportunity in the field of nutrition is very intangible. No doubt it is more so than that of some others, but it is becoming more obvious every day. The *need* for your help is tangible enough. To those of us who are fully occupied with nutrition work your assistance would mean much. For years we have realized that people do not know how to live. It is not necessary for me to name again the ills that result from injudicious eating in the better homes of today. They are familiar enough to all. Neither is it necessary for me to point out the fact that people are interested in this question of food. Many families who have bought indiscriminately as fancy dictated are having to economize. Now they pause and say "Which shall it be?" The time to start teaching these people, who are just coming to nutrition consciousness, is now. Next week, or next month, or next year, may find this new interest gone.

If you as nurses can teach to your private patients the simple, fundamental principles of nutrition, you will be benefiting, not only those patients, but society in general. You will be removing a stumbling block from the path of the public health nurse. These people hold you as an authority and will accept teaching from you that no one else is in a position to give. Once accomplished, their education will help tremendously in the education of those with lesser privileges.

Those of you who have charge of training schools can help by giving us nurses who are trained in practical nutrition teaching while they are still in hospital. The teaching that is most valuable is that of fundamental principles of normal nutrition, with diet therapy in second place. To be constructive, such teaching must be adapted to the circumstances of the patient. With this in mind I feel that some contact with the home during training, be the nurse destined for public or private nursing, would develop her abilities measurably.

In conclusion may I say this: In these last hard years, people have awakened to the fact that there are many things they do not do well. They are realizing that their food habits have evolved from custom, not from reason. They want to know, whether their interest is forced by financial conditions, or arises naturally from curiosity. How are we going to answer them? Are we going to take time to recruit a corps of nutrition workers over all the country? Are we going to let our golden opportunity go by? There is an alternative. Can you and will you incorporate into your tasks, which are already many, this much neglected task of teaching good food habits to the nation? Can you and will you lay the foundation stones for a healthier and happier generation than this one?

If you are willing to undertake this task, there are four things you must do. First you must educate yourselves in the science of nutrition. You must also familiarize yourself with existing conditions and determine what the result of such conditions are likely to be. Then, endeavour to make people nutrition conscious. Finally, make nutrition the emphasis in your health teaching, thus, as Professor Sherman of Columbia says, "bringing to a much larger proportion of our people that full measure of health and vigor which only the more fortunate now enjoy."

BOOK REVIEWS

A SHORT HISTORY OF NURSING. By Lavinia L. Dock and Isabel Maitland Stewart. Third edition revised 1931, published by G. P. Putnam's Sons, New York and London. 404 pages.

THE Short History of Nursing has in the past partially satisfied the need for a brief discussion of the evolution of modern nursing to its present status and activities. It was felt, however, that the very sketchy way in which the large amount of material had, of necessity, to be covered, detracted from its value. Something very desirable is lost in only a flashing moving-picture view of results that have grown from painstaking effort. The very purpose of the study of history is not to be found in so doing. The revised edition, in many respects, has altered this. The authors have definitely intended that this little book should interpret to the young reader, the chronological sequence of events, in all countries, in terms of influences, trends, and issues, which have led to and made possible the movements and activities of nursing in the present day.

In the last two chapters they have carefully guided the reader beyond the present, into serious consideration of the morrow with its responsibilities.

Perhaps the greatest contribution that this new volume will make lies in the study helps, to be found throughout the book, and especially in the appendices. New illustrations, bibliographies of helpful reference readings, a glossary of words, historical outlines, as well as outlines of the publications of nursing organisations, will be immeasurably helpful to the reader. The new geographical illustrations, such as are found on pages 21, 53, 189, make more vivid the desirable identification of nursing progress with that of civilisation and social progress. The end-papers of this new volume show, interestingly and graphically, the irregular pathway of this most human service up to the present. They offer possibilities for interesting projects among the students of vocational as well as nursing schools. The reference readings, including as they do readings from political history, histories of medicine, science and public health as well as social history, also help to create the essential feeling that nursing history can only be appreciated in its setting in the lives and philosophy of the people in any age.

This book, in the opinion of the reviewer, should replace the older edition of the Short History of Nursing, and should find a well-earned place on the library shelves of vocational schools, high schools and colleges, as well as those of schools of nursing. The story of nursing has been greatly added to since 1920. This volume brings that story up to date. It might be hoped that the interesting glimpse we get of nursing activities in different countries might some day, in a more leisurely way, be the subject of another volume.

As a preparation for participation in the Congress of the International Council of Nurses this year, the reading of this book will be found agreeable and helpful. To the busy teacher of the history of nursing, its assistance in the form of suggested methods of teaching and sources of information will be unquestionable.

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News Notes

Contributors to this Section are reminded that the address of the Journal is now 1411 Crescent St., Montreal, Que. Copy for this section should reach the Editor not later than the eighth of each month for ensuing issue.

ALBERTA

Edmonton: At the Annual Meeting of the Edmonton Overseas Nursing Sisters Association the following officers were elected: President, Miss Jessie Chinneck; Vice-President, Miss E. Robinson; Secretary, Mrs. Charles Greenwood; Treasurer, Miss Fanny Munro; Visiting Committee, Mrs. John Turner and Mrs. R. M. Shaw. Discussion regarding funds on hand for a cenotaph took place, and other business included the proposed central directories, under the national organization of Overseas Nursing Sisters, in cities where units are established. Before having the directory printed, it was pointed out, names of all former nursing sisters in city and province should be sent to the secretary. Mrs. John Lee, only honorary member of the club, was welcomed back after a long absence, and Mrs. A. C. Rankin assisted Mrs. Orr at a social hour following the meeting.

BRITISH COLUMBIA

Vancouver: The Annual Meeting of the Graduate Nurses Association of British Columbia will take place in Victoria, on Easter Monday, April 17 and 18. Election of officers will be held at this meeting.

NEW BRUNSWICK

Saint John: The regular meeting of the Alumnae Association of the Saint John General Hospital was held at the home of Mrs. A. O. Burhan, with the President, Mrs. G. L. Dunlop in the chair. The recent bridge party netted a substantial sum, which is to be used to buy material to make clothing for needy children. The sum of ten dollars was voted to the Women's Council Milk Fund. Miss Kathleen Snelling has joined the staff of the Saint John General Hospital as supervisor on the Male Surgical Ward. Miss Harriett McIntosh has returned to Saint John from New Jersey. Friends of Mrs. Eugene Wells (Jean Muriel Wade, class of 1910), heard with regret of her death in Montreal on January 15th, 1933. For eleven years Mrs. Wells was a member of the V.O.N. staff and, for seven years, was in charge of the Verdun district.

NOVA SCOTIA

Halifax: A meeting of the Registered Nurses Association was held in Halifax, January 7, 1933. General satisfaction was expressed when it was announced that two of the smaller hospitals in the Province are planning to discontinue their training schools. It was agreed, with the approval of the Board of Examiners, to raise the pass mark from 40 to 50, and the average from 50 to 60 for nurses taking examinations for Registration in the Province. It was strongly recommended that all Schools of Nursing should employ fully qualified instructors or nurses who at least have had some special preparation for teaching. Private duty nurses reported great difficulty in obtaining employment.

Antigonish: A special course in Nurse Education has been arranged with the Extension Department of St. Francis Xavier's University, covering a period of four weeks, from February 6 to March 3, 1933. This course has been inaugurated principally for instructors, in our various schools of nursing, in order to help them qualify for standard requirements. Professor Weir in his survey of Canadian Schools of Nursing recommends a special training for instructors. As a result of this recommendation, the Extension Department of St. Xavier's University offers short courses, by which nurses may receive a special training that will better qualify them for the work of teaching. The following subjects will be taught in the first period of the course: Educational Psychology, Principles of Education, Mental Hygiene. Thirty hours will be devoted to each subject. The professors of this course are Rev. M. M. Coady, D.D., Ph.D., in Education; Rev. J. Boyle, M.A. in Education (Columbia); Mr. A. F. Chaisson, M.A., in Education (Garvard) and Mrs. A. F. Chaisson, M.A. and specialist in in Mental Hygiene.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

District 1

St. Thomas: Hearty endorsation was given at the meeting of district No. 1 of the Registered Nurses' Association of Ontario, to the new School of Nursing at the University of Toronto. The letter explaining the plan was ordered sent on to superintendents of nurses training schools for consideration. A request was made for a refresher course for private duty nurses in the district and a committee named to go into the matter. Election of officers resulted as follows: Chairman, Miss Priscilla Campbell, Chatham (re-elected); Vice-Chairman, Miss Mildred Walker; Sec-Treasurer, Miss Leila Curtis; Councillors, Miss Connolly, Mrs. Wilson, Miss McPhedren, Miss Lee, Miss Mahoney, Miss Hastings; Public Health Convener, Miss Hoag; Private Duty convener, Miss Anne Campbell; Nurse Education, Miss Jacobs-Membership, Miss C. Sutherland; Nomina; ting, Miss Lucille Armstrong; Permanent Education, Mrs. Hedley Smith. The invitation of Chatham to hold the next meeting there was accepted. Miss Winnifred Robertson of the Hospital for Sick Children, told about the work at the Grenfell Medical

Mission. Dr. R. A. MacPherson dealt with "The Use of Opaque Media in X-ray Diagnosis", and Miss Isabel McIntosh of Hamilton gave a resumé of the history of nursing organizations.

Districts 2 and 3

Brantford: The mid-winter meeting of Districts 2 and 3 of the Registered Nurses' Association of Ontario, took place at the Freeport Sanitarium. Mr. Long, Secretary of the Board of Directors, welcomed the nurses. Dr. E. N. Coutts, Medical Superintendent, addressed the meeting, his subject being The Control of Tuberculosis in the Community. Miss A. E. Bingeman and her staff conducted the nurses through the well-equipped new sanitarium. High tea was served. Nurses were present from Stratford, Owen Sound, Guelph, Galt, Preston, Simcoe, Woodstock and Brantford. The next district meeting of the Association will be held at Goderich in the middle of June. The annual meeting of the Florence Nightingale Club took place recently. The following officers were elected for the coming year. President, Mrs. J. N. Mitchell; Vice-President, Miss A Thompson; Treasurer, Miss MacMillan; Secretary, Miss T. Dawson; Press Representative, Mrs. Maloney. Following the business meeting, the graduate staff of the Brantford General Hospital was entertained, Mrs. J. Y. Mitchell and Miss H. Kerr acted as hostesses. Miss Frances Batty, Class 1930, Brantford General Hospital, is doing industrial nursing in the city.

Stratford: Miss R. Johnson (1929) and Miss I. Wilson (1929) have completed their post graduate course at Whitby, and have received appointments on the staff at the Ontario Hospital, London.

District 4

The sixth Annual Meeting of District 4 of the Registered Nurses Association of Ontario was held on February 3, 1933. The Chairman, Miss A. Wright, presided. The reports of the Secretary-Treasurer showed a considerable increase in membership and the finances in good condition. It was our privilege to have as guest speaker, Miss Nora Nagle, who gave a most interesting talk on "International House", from its small beginning in 1910 until the present time, when students from upwards of seventy countries live as one large family while attending university. Miss Wright thanked all who had assisted in making the meetings a success and urged the members to keep the Permanent Education Fund very much before them. The following officers were elected for 1933: Chairman, Miss C. Brewster; Vice-Chairman, Miss M. Park; Sec-Treasurer, Mrs. N. Barlow; Councillors, Miss E. Rayside, Miss A. Wright, Miss E. Moyer, Miss J. Marshall, Miss J. Allen, Miss E. Smith; Nurse Education Councillor, Miss E. Chisholm; Public Health Councillor, Miss C. Taylor; Private Duty Councillor, Miss E. Moran.

District 5

The eighth Annual Meeting of District 5 R.N.A.O. was held in Toronto, on January 27, 1933, with about one hundred and ten members present. After the annual reports were presented, Miss Rhano Beamish, in her address as retiring President, gave a resumé of the year's activities. The district convener of the Permanent Education Fund Committee reported that contributions had fallen much below the quota for 1932. After considerable discussion, the committee was asked to make a study of varous types of group effort for raising money for this fund. Dr. George Young, of the staff of the University of Toronto, gave an interesting and practical address on symptoms of Diseases of the Digestive System. The following officers were elected for 1933: President, Miss Dorothy Mickleborough; Vice-President, Miss Eileen Ditchbourne; Sec-Treasurer, Miss Irene Wiers; Chairman of District Sections, Nurse Education, Miss Nettie Fiddler; Private Duty Section, Miss Bertha Hall; Public Health, Miss Elvira Manning; Councillors, Miss Esther Strachan, Miss E. J. Johnston, Miss Barbara Spence, Mrs. G. A. Sherritt, Miss M. E. Bullick, Miss Edna Moore.

A meeting of the Community Health Association of Greater Toronto was held on February 3, about sixty members being present. Revision of the constitution was discussed with reference to the following: Advisability of including lay members in the Association; merging the group with District 5, R.N.A.O., as a Toronto Chapter of Public Health Section; continuance of the group with its present autonomy. An expression of opinion, to be used as a basis of study by the executive, showed that the members present were in favour of the inclusion of lay members.

District 8

Nurses of District 8 were privileged to have as their speaker at their annual meeting on January 26, 1933, Miss Elizabeth Smellie of the V.O.N. for Canada. Miss Smellie gave a very interesting address on Some Impressions of Nursing in Europe. At the business meeting satisfactory reports of the year's work were presented and the following officers elected for the ensuing year: Chairman, Miss Dorothy Percy; Vice-Chairman, Miss Blanche Anderson; Sec-Treasurer, Miss Grace Tanner; Councillors, Miss E. C. McIlraith, Miss M. Graham, Miss M. Slinn, Miss R. Pridmore, Miss Brady and Miss M. Robertson.

The fourth annual meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing was held recently. After the reading of reports, which testified to a sucessful year, the following officers and committees were elected for the ensuing year: Hon. President, Miss Gertrude Bennett; President, Miss Edna Osborne; First Vice-President, Miss Dorothy Moxley; Second Vice-President, Miss Lena Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winnifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Edey and Miss E. Lyons; Representative to Central Registry, Miss Inda Kemp and and Miss K. Clarke; Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

District 9

The Annual Meeting of District 9, R.N.-A.O. was held recently in North Bay. Miss Mary Millman, President of the R.N.A.O., spoke on the problems and proposed changes put forward in the Survey. Dr. G. W Smith dealt with economic aspects of medical and nursing practice. Dr. W. S. Butler gave an address entitled Discoveries in Medicine by Laymen. Miss Marguerite McDonald, instructress of St. Joseph's Hospital, gave a paper on Socialization of Nursing Service. Miss Katherine MacKenzie was re-elected as President. Other officers elected are: Vice-President, Mrs J. McCausland; Secretary-Treasurer, Miss Robena Buchanan; Councillors, Miss Jean Smith, Miss E. Tromley, Miss Blanche Sutton, Miss Bertha Wilson, Miss A. Quinlan and Rev. Sister Felicitas.

Miss Edith G. Stevenson has been transferred from North Bay to the Montreal staff of the Victorian Order of Nurses. Miss Frances Dacker (Victoria Hospital, London), graduate in Public Health from Western University, has received the appointment of Victorian Order Nurse in North Bay.

District 10

The regular meeting of the R.N.A.O. District 10, was held on February 2, with Mrs. Edwards in the chair. Plans were made for a tea and bake sale with Mrs. Wellington, Mrs. Edwards and Miss MacNamara as conveners. The proceeds will be devoted to the relief fund. Miss Vera Lovelace read an interesting report from the Board of Directors Meeting held in January. Dr. Ballantyne gave an interesting address on Hospitals in the British Isles.

Toronto Western Hospital: Miss Kathleen McMillan (class 1929, Toronto Western Hospital) who is attending McGill University, spent the Christmas holidays at her home in Durham.

Hospital for Sick Children: Miss F. J. Potts visited Toronto recently. Miss M. Isaacs, who has been ill for some months has gone to New Orleans for the winter. Miss P. Adam is doing private duty at the Locksley Rest Home. Mrs. Bryce Fleck (Gertrude Baker, 1916) of Vancouver has been visiting in Ottawa and Toronto. Miss M. Merritt (1899) is doing Public Health Work in Jersey City. Mrs. W. L. Billings (Joan McLaren, 1927) is back in Toronto. Miss Dorothy Mitchell (1920) is doing Post Graduate work in Obstetrics at the Women's College Hospital, Toronto. Miss Muriel Bazin (1930) is on the Operating Room staff of the Children's Memorial Hospital, Montreal. Miss I. Chester (1930) is on the Operating Room staff of the Hospital for Sick Children, Toronto. Miss Isabel Miller (1932) is doing Post Graduate work at the Montreal General Hospital. Miss A. Hulbert (1932) is doing Post Graduate work in Obstetrics at the Royal Victoria Hospital, Montreal. Miss E. Borland and Miss B. Linklater (1932) are doing Post Graduate work at the Ontario Hospital, Whitby. Miss I. Winter (1932) is taking a Post Graduate Course at the Children's Hospital, Cincinnati. Miss K. Scott (1932) is taking P.G. in Operating Room at the Montreal General Hospital.

Toronto: A meeting of the Instructors' Section of the Centralized Lecture Course for Student Nurses was held January 26, 1933. Miss Palliser presented a comprehensive study of Nursing on Canada during the period 1600 to 1759, the material for which had been prepared by Miss Gastrell and Miss Blair. With the accompanying illustrations and list of references, considerable information of a political and social nature was obtained, in addition to that of nursing. It was decided to purchase a copy of "History of Medicine in the Province of Quebec" by Maude E. Abbott for the use of the section. The next era to be studied is that of 1759 to 1812, reports of which will be heard at the February meeting.

Toronto: The Annual Meeting of the Grant Macdonald Training School Alumnae Association was held on January 29, the President, Miss Ida Weekes, in the chair. Plans were made for a bridge and dance. Election of officers resulted as follows: Hon-President, Miss Esther Cook; President, Miss Ida Weekes; Vice-President, Mrs. Marion Smith; Recording Secretary, Miss Norma McLeod; Corresponding Secretary, Miss Ethel Watson; Treasurer, Miss Phyllis Laurence; Social Convener, Miss Kathleen Cuffe.

St. Joseph's Hospital, Hamilton: Miss Georgina Morrow is taking a post-graduate course in the Royal Victoria Hospital, Montreal. Miss Marie Barrie (St. Joseph's Hospital, 1932) entered St. Joseph's Convent on January 6th. Miss Gladys Oliver has completed her dietetic course in Chicago and has returned to Ingersoll. A largely attended bridge party was held on January 4, under the convenership of Miss Eleanor Gerwith, assisted by her committee Misses A. Melody, V. Rogers, L. LeQuier, T. Crosley and H. Kelly.

Kingston General Hospital: Miss Margaret Blair (class of 1931) has been appointed assistant operating room supervisor to fill the vacancy created by the marriage of Miss Ruby Halbert (class of 1929) to Dr. John Dennison of Fort William. The cancer clinic will shortly be opened.

The third and fourth floors of the Empire Wing are undergoing renovation and equipment is being installed for deep X-ray treatments.

A. A. General Hospital, Sault Ste. Marie: The regular monthly meeting took place on January 10, 1933, with the President, Miss Lillian Goatbe, in the chair. This meeting was held in conjunction to the Junior Alumnae Association. Dr. A. S. McCaig gave an interesting and instructive address on health. Miss L. Hehn, secretary of the junior association, explained the introduction of Professor Weir's Survey, and a pleasing musical programme was furnished by members of the junior alumnae. During February it is expected that final arrangements will be made to from a Registered Nurses Association. The officers of the Junior Alumnae Association are: President, Miss E. Rooney; Vice-President, Miss F. Horsford; Secretary, Miss L. Hehn; Programme Committee, Miss M. Douglas; Social Convener, Miss A. O'Connor.

Whitby: The Alumnae Association of the Ontario Hospital, Whitby, held their annual dance on February 3, 1933. This event was the second annual affair of this kind. Members of the executive are: President, Miss B. Robinson; Vice-President, Mrs. A. Rodgers; Sec-Treasurer, Miss K. Gilchrist; Corresponding Secretary, Miss G. Hanthorn; Social Committee, Miss R. Delling, Mrs. M. Sutton and Miss C. Fennegan.

QUEBEC

The thirteenth Annual Meeting of the Association of Registered Nurses of the Province of Quebec was held in Montreal on January 30 and 31, 1933, all business being, as usual, conducted in both French and English. The President, Miss Mabel K. Holt occupied the chair at all sessions, except that of the afternoon of January 31, which took the form of a joint meeting of the sections, with Miss Marion E. Nash, Convener of the Public Health Section, presiding. At the first general session Miss Holt delivered the Presidential Address and a number of reports were presented. The Registrar, Miss E. Frances Upton, reported a paid-up membership of 2,773 and that the non-active list includes 664 other members who are not practising in the Province. Registration certificates issued during 1932, included 210 by examination, 166 by University affiliation (French examination), 17 without examination, and 42 by reciprocity, a total of 423 (as compared with 591 during 1931). The members in good standing are classified as follows: Institutional nurses, 845; private duty nurses, 1341; public health nurses, 500; doctors office, Red Cross, etc., 87. The report of the official school visitor showed 39 schools on the approved list of the Province and 8 others which do not meet minimum requirements. There were 36 official school visits made during the year. The report of the Board of Examiners showed that the pass-mark had been raised to 60% with a proportionate increase in the number of failures. Examinations were held at three centers in April and October. The report of the Treasurer showed increased expenditures due to the production of a translation of Dr. Bazin's Résumé of the Survey Report, of which there are many unsold copies on hand. At the evening session there was a capacity audience (approx. 600), the speakers and topics being as follows:—Miss Ethel Johns, Reg. N. Editor and Business Manager, The Canadian Nurse, whose address entitled, "Facing the Facts," was most inspiring and fired the audience with enthusiasm to go forward and accomplish. Miss Elizabeth Smellie, R.R.C., R.N., Chief Superintendent, Victorian Order of Nurses for Canada, spoke on, "Some Impressions of Nursing in European Countries," and carried her audience, in her own inimitable way, across the Atlantic and through the various countries she has visited, much to the enjoyment of all present. Monsieur Edouard Montpetit, B.A., L.L.D., Secrétaire générale de l'Université de Montréal, contributing a very interesting paper in French on "The Social Point of View in Nursing." Votes of thanks were presented to the speakers, in both languages, by Miss Margaret Moag, R.N. and Mademoiselle Rachel Paradis, G.M.E. On January 31, the Executive Secretary and Registrar addressed the French Sisters, who are directresses and teachers in our French schools, on "Various Aspects of the Survey Report." There were approximately 600 members present at the afternoon session, when the following topics were dealt with by the various speakers:—Nutrition—its emphasis in a Health Teaching Programme, was presented in English by Miss Rose Chambers, B.Sc., Nutrition Supervisor V.O.N., and in French by Miss Marion McColl, M.Sc., Nutrition Advisor, Metropolitan Life Insurance Company, Montreal; Miss Ethel Johns also contributed further to our work with a paper on "Vitalization of Teaching." Votes of thanks to speakers were presented, in both languages, by Miss Elsie Allder, R.N., and Mademoiselle Suzanne Giroux, G.M.E. Tea was served at the close of the session. The evening session brought the meeting to a close when the following speakers were enthusiastically received and appreciated:—Miss Jean I. Gunn, R.N., member Joint Study Committee, Survey of Nursing Education in Canada, who spoke on Educational Adjustments recommended in the Survey Report; A. Grant Fleming, M.C., M.D., D.P.H., professor of Public Health and Preventive Medicine, McGill University, the title of whose address was Socialization of Medical Services; and J. A. Baudoin, M.D., D.P.H., Professeur d'Hygiène et directeur de l'Ecole d'Hygiène Sociale appliquée de l'Université de Montreal, who dealt with Vital Aspects of Public Health Nursing Service. Votes of thanks were presented to the speakers, in both languages, by Miss Esther Beith, R.N., and Madame Rachel Bourque, G.M.E. The following officers were elected: President, Miss C. V. Barrett, R.N.; Vice-President, (English Miss M. L. Moag, R.N.; Vice-President, (French) Rév. Soeur Allard, G.M.E.; Honorary Treasurer, Miss

M. E. Nash, R.N.; Honorary Secretary, Miss Elsie Allder, R.N.; other members, Rév. Soeur St. Jean de l'Eucharistie, G.M.E., Mademoiselle Edna Lynch, Misses Mabel K. Holt, Sara Matheson and Charlotte I. Nixon, R.N.

MONTREAL: The twenty-sixth Annual Meeting of the Montreal General Hospital Alumnae Association was held on January 13, 1933, the attendance being the largest in the history of our Association. At the close of the business session, the meeting resolved itself into an old fashioned M.G.H. family re-union, to which were invited the members of the Senior class of students in the School. Our party this year was mingled with sadness, for it necessitated our farewell to Miss Webster. It is impossible at this moment to visualize this old place without her, but we know she has earned the joy of the home life to which she is going, and we are happy that she is happy, and bid her God speed. We bestowed our parting gifts upon her with renewed expressions of our love for her, and our everlasting gratitude for all that she has done for us, for our beloved hospital and nursing in general through her wonderful service of thirty-two years as Night Superintendent of the M.G.H. Her parting gifts from her associates include a clock from the hospital clerical staff, a fitted travelling bag from the Alumnae Association, the nursing staff and dietitians of the central and western divisions, and the student nurses. The interne medical staff had her photographed, and during a tea in their residence, unveilled her life-sized picture, which adorns the walls of their living room. It has been whispered abroad that the attending medical staff have given orders for her painted portrait, which will hang in the nurses' residence in company with that of the founder of our School, Miss N. G. E. Livingston, and her successor Miss, Zaidee Young, R.R.C., whose memory hallows its halls. In acknowledging our gifts, Miss Webster related some of her early experiences as a probationer, much to the delight of all present, and with the singing of Auld Lang Syne, we bade her au revoir.

Miss Christina Denovan has succeeded Miss Jennie Webster as night cuperinterdent. Miss Denovan has been assistant night supertendent for the past two years. Miss Martha Macdonald, supervisor of Ward O for the last four years, has been appointed assistant night superintendent. Miss Grace Pounden has replaced Miss Macdonald on Ward O.

MONTREAL: At the February meeting of the Royal Victoria Hospital Alumnae Association, an interesting paper on Nursing in Epilepsy was given by Dr. Wilder Penfield. Miss Ethel Sharpe has resigned from the Teaching Department, and on February 16, the student nurses entertained at tea in her honour in the Nurses Home. Miss Helen Mills (R.V.H. 1933) is taking a course in X-ray technique under Dr. Pirie. Miss Eileen Christmas (R.V.H. 1932) has accepted the position of Supervisor of Operating Room in St. Luke's Hospital, Montreal. Miss E. C. Flanagan (R.V.H. 1923), who has spent the last eight months visiting hospitals in England, expects to return to Montreal this month. Miss Phyllis MacFarlane (R.V.H. 1930) has completed the course in Public Health at Western Hospital, and is doing public health work in Burlington, Ont. Miss Elsie Allder (R.V.H. 1921) has accepted the position of Assistant Supervisor, Women's Pavilion, R.V.H., and Miss Helen Sharpe (R.V.H. 1927) has succeeded her as Supervisor of the Out-Door Department.

JEFFREY HALE HOSPITAL: At the February meeting of the Alumnae Association, Miss C. E. Armour, lady superintendent of our hospital gave a very interesting account of the annual meeting of the Provincial Nurses Association and also an account of a special meeting held in connection with the problem now facing the McGill School for Graduate Nurses.

SHERBROOKE: The regular meeting of the Graduate Nurses Association of The Eastern Townships was well attended. After a short business meeting, the President, Miss H. Hetherington, introduced the speaker of the evening, Miss Wilson, of Saranac, who gave an interesting address on the nursing of tuberculosis. Miss Hetherington and Miss Hatch represented the Association at the annual meeting of the A.R.N.P.Q. in Montreal.

SASKATCHEWAN

MOOSE JAW: A series of lectures on psycology is being given by Professor R. J. Gagne of the Moose Jaw Normal School. These are being well attended by both graduate and student nurses. The Moose Jaw Medical Association entertained the student nurses of the Providence and General Hospitals at a dance on January 26, 1933. Miss Thelma Friesan, graduate of the Providence Hospital has left for Prince Arthur Sanatorium, Prince Albert, where she is taking a post graduate course in tuberculosis nursing. An examination for candidates desiring provincial registration was held on January 10, 11 and 12, 1933.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 24-25-26th, 1933.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by March 31st. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 5th, 1933.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar

DEATHS

BAIKIE—A notable nursing career of 40 years came to an end in January with the death of Miss Elizabeth Baikie. She was a graduate of the Montreal General Hospital and was night superintendent of that institution for fourteen years. Untiring in her efforts to promote discipline and efficiency, austere in her own life, she was very human in her dealing with the patients and the sometimes bewildered nurse.

Miss Baikie later held the position of Lady Superintendent of the Jeffrey Hale Hospital in Quebec. Quiet and reticent, of very deep feeling, strong in her affection for her friends, loyal to her superior officers and her school, she set herself a high standard and encouraged others to aspire towards it.

SEDGWICK—On January 12th, 1933, at the Kingston General Hospital, Mrs. Frederick Sedgwick (nee Mildred Harrington). Mrs. Sedgwick's death was peculiarly sad in that her marriage took place as recently as September, 1932.

WELLS—On January 15th, 1933, in Montreal, Mrs. Eugene Wells (Jean Muriel Wade, Saint John General Hospital, 1910).

Report of Survey on Nursing Education in Canada

Copy of the Survey Report may be obtained by sending orders to the Secretary of each provincial association of registered nurses.

Miss Kate S. Brighty, Administration Building, Edmonton, Alta.
Miss Helen Randal, 516 Vancouver Block, Vancouver, B.C.
Mrs. S. Gordon Kerr, 753 Wolseley Avenue, Winnipeg, Man.
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Miss E. E. Graham, Regina College, Regina, Sask.

Also from Canadian Nurses Association; 401 Crescent Building, Montreal, Que., and University of Toronto Press, Toronto, Ont.

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OFF DUTY

This is a page you do not have to read . . . it will not help you to develop nursing skills . . . nor even raise the standards of nursing education . . . its effect upon Boards of Directors in Hospitals will be practically nil . . . unless they have a sense of humour . . . some of them have . . . public health nurses need not cut it out for insertion in their manual of procedure . . . private duty nurses need not read it to their patients . . . all we really want to convey is that we do not consider two dollar bills unlucky . . . why not obey that impulse? . . . pin one to the little cut-out at the bottom of the page . . . of course, we prefer a postal note . . . seems more businesslike . . . cheques we do not despise . . . when some rare spirit adds FIFTEEN CENTS for exchange we write her name on our heart . . . it will be found there after our demise . . . it looks as though there would be lots of room . . . so few do it . . . send the fifteen cents, we mean . . . not demise . . . this idea of writing with dots between did not originate with us . . . Isabel Paterson does it in the *New York Herald-Tribune* . . . but even she admits that H. G. Wells thought of it before she did . . . and we don't believe he would object to our plagiarizing him . . . perhaps he does not take *The Canadian Nurse* regularly . . . in which he resembles quite a number of people who should know better . . . anyway, we are going to take a chance . . . if he writes to object, we shall sell his autograph and get out a special edition to celebrate . . . unless we get a few tangible tributes pinned to the dotted line, we shall probably keep on writing like this . . . so you know what to do about it . . . SIGN ON THE DOTTED LINE.

THE CANADIAN NURSE

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Executive Secretary..Miss Jean S. Wilson.

National Office, 1411 Crescent Street, Montreal, Que.

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